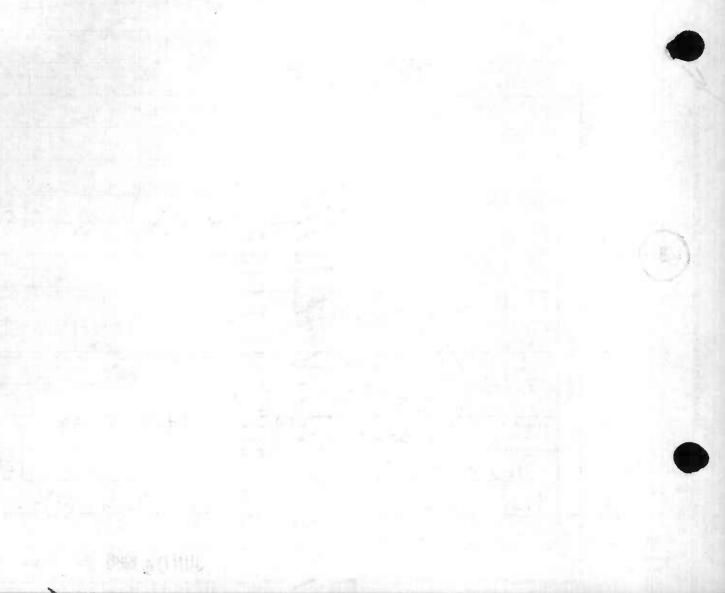
6			STATE OF MARYLAND		
0-08977	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	14421
, m =	1 DECEASED NAME FIRE	MIDDLE MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
oge deot	NELSO	N S.	BAILEY		5 24 86 8:15 M
frer p	3. SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
recto	Male	White	3 14 09	77	YRS.
1 2 2 A	To. BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED A NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
	Virginia	U.S.	WIDOWED DIVORCED	Cecil C	ounty MD
V 1 11 11	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	
	Rising Sun	302 Walnut	St.	Salesman	
2 2 2	USUAL RESIDENCE (IF NURSING HI 130. STATE	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEF- COUNTY 13(. CITY OR TO	ORE ADMISSION) WN 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
A LIND		Cecil Rising		302 Waln	ut St. 21911
1 15/1477	14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	LAST
1 1010	John	N. Baile			Mills
ORE OF THE PROPERTY OF THE PRO	16a WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IFY)	S. ARMED FORCES? 16b. SOCIAL SEC ES, GIVE WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRE	SS
A STATE OF THE STA	No	216-12	-1656 Mrs. Marc	garet Bail	ey - Same as #13
BAI typic ty ty ty ty ty ty ty ty ty ty ty ty ty	18 CAUSE OF DEATH (En	ter only one cause per line for (b) (b) AUSED BY	and ic	0 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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8	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	Job CONDITION FOR WHIC	H DERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
# 2 2 1 2 2 1 2 X	I ≝ I			YES NOT	IN CERTIFYING CAUSES OF DEATH?
The state of the s	210. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCUR		
9 3 1 1 1 1 M	OR CONTRIBUTING CAUSE		DAY YEAR		
NG PHYSICA otherding a the file certil on the bucklich is and Methol	(IF EITHER, NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOW	
NIS OF B	WHILE NOT WHILE T] [AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.)	CITY OR TOW	N COUNTY STATE
40 A 80 A	220-1 certify that (1) (this	hospital) attended the deceased from			19 8 6 , that (I) (we) lost
# 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	sow the deceased all obove, (I) (we) (did) (a	ve an 5-23 19.	86, and that in (my) (our) opinian	death accurred an the da	te and hour and from the causes stated
W de septembre	226. SIGNATURE	10	DEGREE		22c. DATE SIGNED
Z . Z	Olher		MO ATTENDING PHYSICIAN	MEDICAL STAF	1AND 5-28-86
HOSPI HOSPI Old be Tritle Si	22d. PHYSICIAN'S NAME	T 10	22e ADDRESS		000
The state of the s	Neil	laylor MO	KISING	, DUN,	M. Q.
E E E E E E	23a. BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	13d. LOCATION CITY OR TOWN	COUNTY STATE
BP	Removal	5-25-86			
DHMH - 16 50M 1/76 (VR A 15 (4))	24. FUNERAL DIRECTOR	ADDRESS		E REC'D. BX DE SISTRAP	A DANIANA HONDAR
(VN A 13 (4))	Ana	tomy Board	Balto., Md. Pull	04 1000 /4	



DHMH - 16 60M 7/B4 (VRA 15, 4)

6-1-86

23c NAME OF CEMETERY OR CREMATORY North East Meth.

STATE OF MARYLAND

23d LOCATION CITY OR TOWN North

East Cecil

22c DATE SIGNED

COUNTY

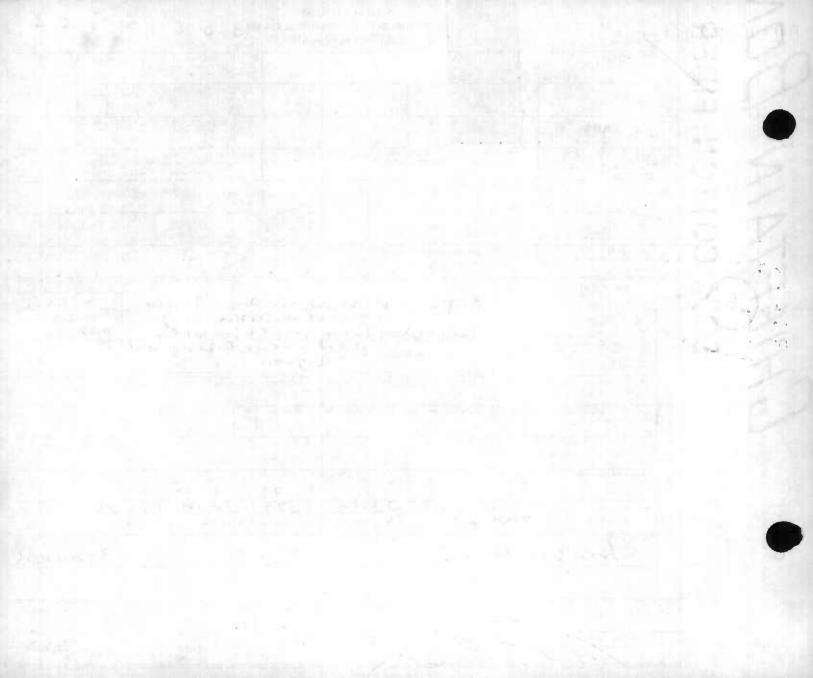
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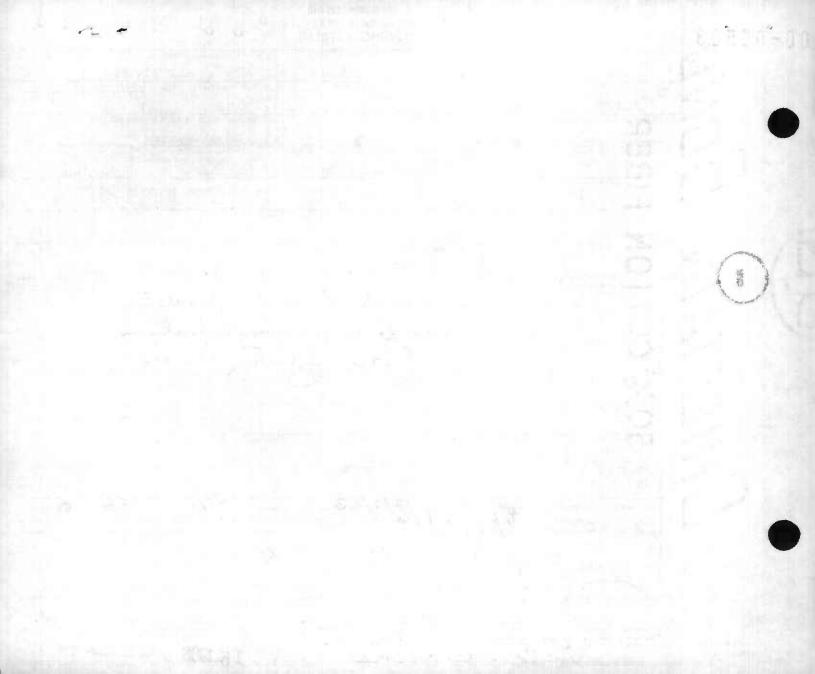
17b. KIND OF BUSINESS OR

INDUSTRY

Md 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



	1				STATE	OF MARYLAND				Jan 119
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of A	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		OTHER INSTITUTION	12a USUAL OCC	UPATION MOST OF WORKING LI		F BUSINESS OR
Je (4)	E	lkton				cil County	Teache			l-Educatio
be fi	₩SU	AL RESIDENCE (IF NURSING HOME- STATE 13b, COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)		4			<u> Haacac</u> re
3 2			Cecil	Elkton		13d INSIDE CITY LIMITS? YES 🙀 NO 🗌	604 Brid		21921	
2 2	_	ATHER'S NAME				15 MOTHER'S MAIDEN	VAME			
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		LT WAS DECEASED EVER IN U.S. A	ARMED FORCES?	BOWER	LIRITY NO	AGNES 17 INFORMANT		ADDRESS	NINE	
ed ed		YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)							
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2 4 5 5		obave, (ki wa) did) (did	not view the blody	gater death.	, and	that ir (my) (aur) opinio	an death occurred an	the dote and ha	ur and from the	causes stated
ine inept inept item		22b. SIGNATURE	/	VV	10	EGREE			22c. DATE	SIGNED
te Do	100		10.1	1211	· M	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN []		
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		BURIAL, CREMATION, REMOVA				METERY OR CREMATOR	CITY OR TO		COUNTY	STALE
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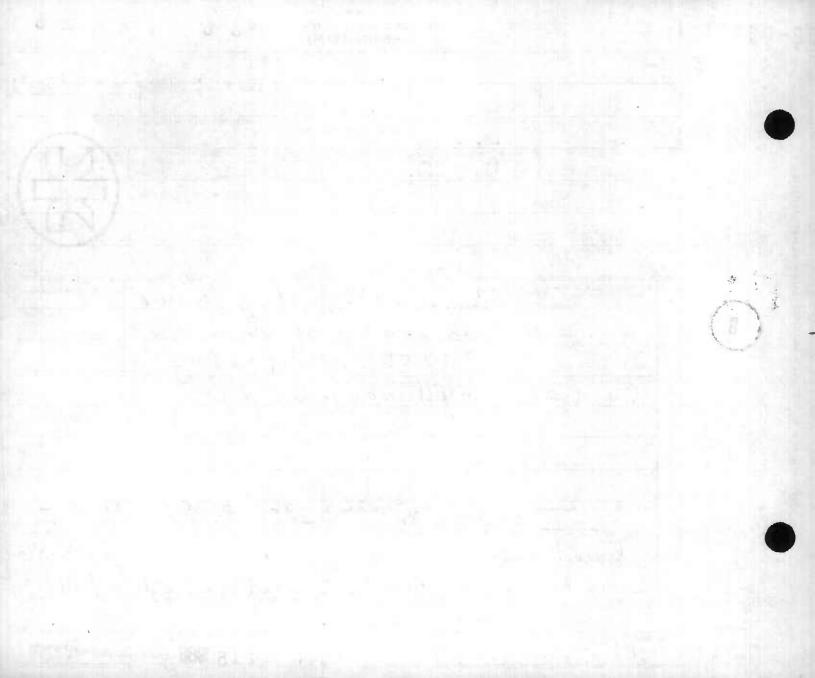


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN IX MONTH 7b. HOUR (TYPE OR PRINT) ESTI-DEATH MATED \$\Bullet 5-28-86 STEVEN RAY CHACWICK 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR F UNDER 24 HRS DAY 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 5-28-86 DEAD L1AMM YRS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Cecil County WIDOWED [DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 406 Susquehanna River Rd. **OR INDUSTRY** FOR MOST OF WORKING LIFE SUAL RESIDENCE LIF IN NURSING HEME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13d. INSIDE CITY LIMITS? ... 13e STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME SCARBERR MIDDLE 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? TYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) non 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BU AFFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AN BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESXX NO [21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2] HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY X 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Natural causes Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL M.DAssistant 5-28-86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23a BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 07/84 25M 24 FUNERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 256 BEGISTRAR'S SIGNATURE **DHMH - 17** Quid Davidson Handa (VR A15 ME (5))

_____ 83, 1,9 SERM Male at the state of the state 0.1 And the state of t

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE ATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-ILECESSARY, PLEASE UNERAL DIRECTOR. OR YOUR FILES. VITHIN 72 HOURS DEATH MATED 2d HOUR IF UNDER 24 HRS DATE g YRS. PRONOUNCED 19 86 1:00 M DEAD 01 MARRIED | NEVER MARRIED | FOREIGN COUNTRY) WIDOWED V DIVORCED Penna. 12h KIND OF BUSINESS ID CATY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPA FOR MOST OF WORKING LIFE! PersonnelMgr. PostOffice 13a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS New Street 17551 Millersville 1153 Lancaster YES X NO [Penna. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Laudenberger Julia (NMI) Harry Childs 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO ADDRESS Childs, Jr. 300 Herr Ave. (YES, NO, OR UNKNOWN) 196-10-3099 WW II Yes Robert н. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 2D AUTOPSY? RWARDED TO THE CHIEF IS PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE D. 21201 PRIOR TO BURIAL, AL, YES [] NO X 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 71d INJURY OCCURRED NOT WHILE STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK X Inspection 22e I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinian AGE 4 SHOULD BE FINE CONTROLLED BE FINE FOR THE PROPERTY WITH THE PEATH, WITH THE PEATH, WITH THE PEATH ARE ARE THE PEATH ARE TH death resulted fram: Hamicide Undetermined manner Natural causes ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATOR' (SPECIFY) 1986Millersville Menn.Cem.Millersville.Lancaster. Buria1 24_EUNERALDIREC guina invision-pingathe DHMH - 17 Patterson&Son.Perryville.Md. (VR A15 ME (5))

13188 + 80 Robert Hall Childs which x 5 31 50 Alate White - 72 72 861-5 E (total a last) Tille and a last a l the public of the state of the TITLE TO THE THE TOTAL OF THE T X the Chine Hid being the will be a second to the second the second



(SPECIFY) Burial 5-9-86 Glen Haven Mem. .Glen Burnie 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 MC CULLY FUNERAL HOME (VRA 15, 4) Mary Mary Scool

STATE OF MARYLAND

1986

IF UNDER I YEAR

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YES [

COUNTY

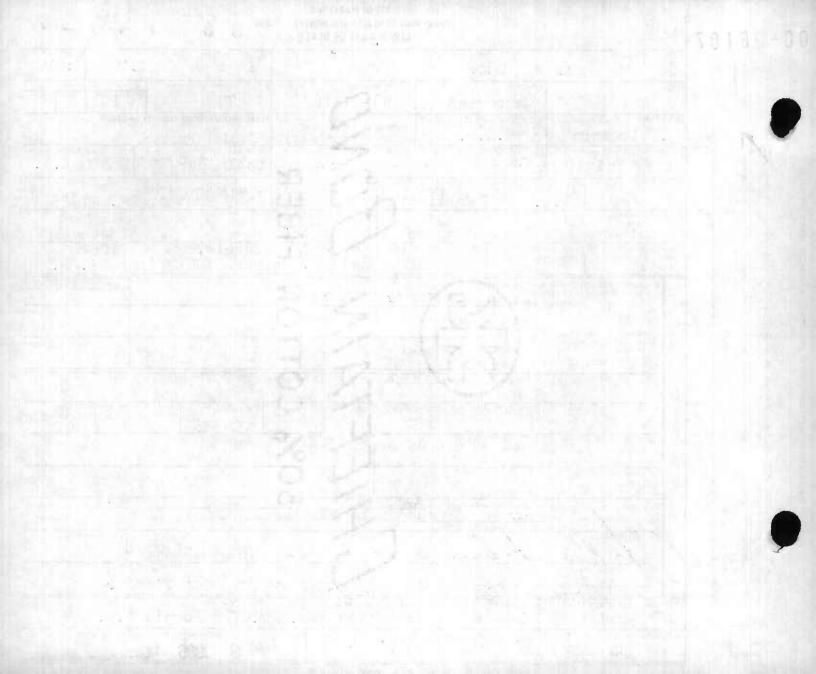
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STATE

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IF UNDER 24 HRS

126, KIND OF BUSINESS OR



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-08	3647		1-	STATE REGISTRAR		Sire		CATE OF DEATH	REG. N	0.	
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AND 21201	in 24 hau y filled in	35	130 S	RYLAND	CECIL	13c CITY	OR IOWN	13d. INSIDE CITY LIMITS? YES NO 🕰	13 STREET ADDRESS	L'FARM	ROVE MK R
MARYLAND	mpletel	ろ打ひ	14 FA	ALF'RED	MIDDLE		RLOW	I.A.URA	MIDDLE		WILSON
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	ATTENDI spital or CTOR: A	n 23 is m		22a. certify that (1) (this saw the deceased of above. (1) (we) (did) (- 1 - 1 m	19 <u>86</u> , or	d that in (our) opinion	death occurred on the de	ate and hour and fro	
	TAL OR y the horached	AT: If her			west	UN MO			MEDICAL STAI	EE .	DATE SIGNED
	TO HOSPITAL retained by the TO FUNERAL	with the Stat		KENNETH LI	EWIS, M			UNION HOSPIT		COUNTY E	ELKTON MD
	BP		(URIAL, CREMATION, REM BURIAL,		30/86	FOREST	LAWN CEM.	BUFFALO	, ERIE,	NEW YÖRK
	DHMH - 16 50 (VRA 15,			LLOWS F.H.	BOX 2	70 MIL	LINGTON,		FREC D. BY REGISTRAR	256 REGISTRAR'S S	IGNATURE

	1.	FOR	DEP		E OF MARYLAND EALTH AND MENTAL HY	GIENE O 4	8 6 2 9
00-09180	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
oy be age 3 deoth		CEASED NAME FIRST JERR	Y R. DEAVER		ÄST	05-21-86	2b. HOUR am.
moy free de	3. SE>	MALE	4. RACE WHITE	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 52 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.
O TEMAS		RTHPLACE (STATE OR FOREIGN QUNTRY) ENNSYLVANIA	76. CITIZEN OF WHAT COUN	MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY CECIL COUNTY	Y OF DEATH MD.
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AND 212	13a. S	LESIDENCE (IF NURSING HOME OR TATE 134 COUN	NTY 13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	99999
MARYL ed with mpletel ond 2 st		THER'S NAME FIRST VERNON	MIDOLE DE AVER	2	15. MOTHER'S MAIDEN N	AME	SCHULER
MORE, n and co		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV	ASTAR OR DATES	SECURITY NO.	PJEANNE DE	ADDRESS AVER P.O.BOX132,	AVONDACE, PA. 19311
ir, BALTI		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nity one couse per line for (o), (ED BY: TE CAUSE (O)	bi, and ici		'AEST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL NG PHYSICIAN: The ratending physicion of the burdi-trons in the ond Mental Hygies orked or Item 18 show	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDING pitol or or CTOR: Africase os for use os of Health		22a. I certify that (1) (this hosp	ital) ottended the deceased (May 21, 1986 b) view the body ofter death.		nd that in (my) (aut) opinio	n death accurred on the date and ha	our and from the causes stated
AL OR A the hos AL DIRECTOR AL DIRECTOR DESCRIPTION OF THE PERFORMENT OF THE PERFORM		22b. SIGNATURE Fred F	- Klein			MEDICAL STAFF DIRECTOR PHYSICIAN	5/21/86
TO HOSPITA retoined by TO FUNERA should be d with the Sto		70SEM F.	KLEIN MP		22e ADDRESS PO BOX 189	WEST GROVE PA	19390
019098		BURIAL, CREMATION, REMOVAL SPECIFY) [REMATION	MAY 24, 1986		EMETERY OR CREMATORY	WEST CHESTER	CHESTER, PA.
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	INERAL DIRECTOR	Jarobie K	rsing 5	in Ma 250.D	ATE REC'D. BY REGISTRAR 256. REGIST U.S. 1900. Authorities	

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75	13e STA	RESIDENCE (IF NURSING NOME OR TE 135 COUN KENT	OTHER INSTITUTION		RE ADMISSIONI	13d INSIDE CITY LIMITS?	13. STREET ADDRESS /	₹ 313 E	ast 35
14		ER'S NAME IOMAS	MIDDLE	JONE'S'		NELLTE	WE	RAS	IN
12	I6a WAS	DECEASED EVER IN U.S. ARA OR UNKNOWN) (IF YES, GIVE	MED FORCES? (WAR OR DATES)	216-56		17 INFORMANT ANNA HOPKII	NS BOX 96		MD 2163 5
been signed by their Than please send prior to buriol, crempt tany rejury, or other tra	NOT P	conditions, if any, which gave rise to immediate ause (a), stating the nderlying cause last. ART 2. OTHER SIGNIFICANT C	(c) ONDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CONE	206. IF YES, WERE F	
to Hydren	1 0	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA FEITHER, NOTIFY MEDICAL EXAMINER!	TH HOUR A.	DF INJURY .M. MONTH !	DAY YEAR	21c HOW INJURY OCCURE	YES NO PARTIES OF INJUR	YES TORPA	NO []
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16 50M 4/83	24 FUNE	RAL DIRECTOR					E REC'D. BY REGISTRAR	SE REGISTRAR'S SK	GNATURE
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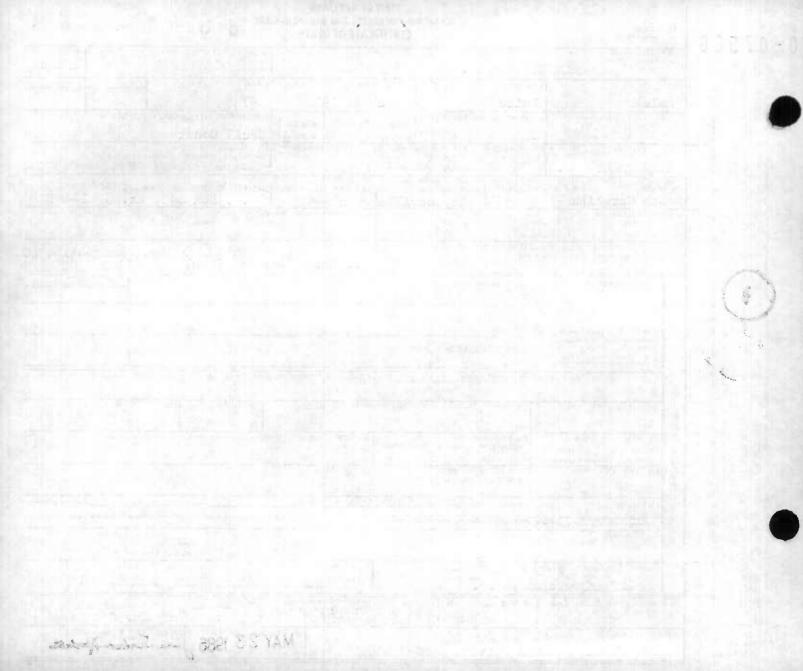
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Tark Car	10. CT	Y OR TOWN OF DEATH	11. NAME OF H		HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION		ND OF BUSINESS OR
to To	L	IKton	LDIDPI	GACILITY, GIVE STREET AN	Rupsing Cente	L TYPE OF WERK FOR MOST O	WORKINGTHE INDUS	+ Home
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A Hed	130 3	nd. 13b. COUN	ecil	1 17 L	YES NO Y	? 13e.STREET ADDRESS	TIPPAV	Rol
tely 2 s	14 FA	THER'S NAME			15 MOTHER'S MAIDEN		Concession	
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es I		AS DECEASED EVER IN U.S. AR.		66 SOCIAL SECUR	ITY NO. 17. INFORMANT	ADDRE	SS	11
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35.0		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per la	ne far (a), (b), and	IC'-		AF BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
			Ď BY: TE CAUSE (a)	CAMIO	RUMBUSNY 1	MIST		MINURI
(Mil		The state of the s		AS A CONSEQUEN	ICE OF			1/
VIII.		Canditions, if any, which	(1b)	AS A CONSEQUEN	TIVE HUST	byuna		Yems.
711		gove rise to immediate couse (a), stating the	DUE TO, OR	AS A CONSEQUEN	ICE OF	. 0.		1/2 1
you have		underlying cause last.	(c)	ATHEN	scenera Hon-	1 MUNST		year!
and a	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DI	ATH BUT NOT RELATED TO THE T		DITION GIVEN IN PA	
1000	5	1/1000	14 ME	11/1/11		HUMSOLY/OPCYC		
Separate S	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	PERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA	USES OF DEATH?
isit p	RT	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF	IN HIDY	21. HOW INTUING OCC	YES NO	YES 🗌	NO 🗌
ng physicia certificate in mal-transit ental Hygie Item 18 str		OR CONTRIBUTING CAUSE OF DEA	110110 1 11		YEAR	CURRED (ENTER NATURE OF INJUR	Y IN TEM IS PART I OR PAI	₹1.2)
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or of Se os se os mork		AT WORK		1 1 (Dec 1983	- 17 MA	U 10/5 6	<u> </u>
		22a. I certify that (I) (this haspi saw the deceased alive on	21 HAS			ion death accurred on the de	1407	that (I) (we) la:
hospital RECTOR ned for u spt. of He		saw the deceased alive on abave, (1) (we) (did) (did no 22b. SIGNATURE	ot) view the bady a	fter death.	DEGREE			DATESIGNED
The Date of		I IV				MEDICAL STAR	E <	122/80
State RA		22d. PHYSICIAN'S NAME LINES	RINT		22e ADDRESS	DIRECTOR PHYSIC	IAN	
should be with the S		LINUADO ISTU	ud m		72, Th	INCE STATE	171(12) M	0 21521
Mark of the second	23a B	JRIAL CREMATION, REMOVAL	110	4 172 NI	AME OF CEMETERY OR CREMATO		- Olowy W	7 01101
BP	2 Ju. D	PEGE A L	5/24	1/8/2 0	110 4 18	1/SITY OF TOWN	La Igunty	Cact/ STATE]
	24. FL	NERAL DIRECTOR	Ellin.	Porton	DAINTS CO	DATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIC	SNATURE J
HMH - 16 60M 7/84		BER FUNCIAL	Hane	Lea L'an		11 0 2 1086 4	lia Saindran	Bindage
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	STATE OF MARYLAND
00-07159	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 1 4 4 5 5 CERTIFICATE OF DEATH
	REGISTRAR REG. NO. 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR
2 75 6	(IYPEORPRINT) IDA G GOUGH 5 1986 348 M
5 84	3. SEX 14. RACE 1 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Poge 4 ndirector.	FEMALE C MONTH 1902 83 YRS. MONTHS DAYS HOURS MIN.
75 Pol di	70 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
deoth.	WEST VIRGIAM DOAT WIDOWEDD DIVORCED [CECIL COUNTY MD.
oy the filed with	Rising Sun, Mark of Hospital, Nursing Home or other Institution (126 USUAL OCCUPATION INDUSTRY APG
212 212 Jin Berf	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE
ND 21 no 24 hor could be could be	Md. Creit Rising Jun YES NO 115 WEST Wood Rd 2191
MARYLAND ed within 24 mpletely filler ond 2 should	14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME
AA B B B B B B B B B B B B B B B B B B	Andrew Fogus Minerva Cochran
ond co	166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 21911
BALTIMORE be executed to one one of the medico	no (15 YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-12-6-522 Cecil Gough, 115 West Wood Rd., Rising Sun
ALT	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) REPROXIMATE INTERNAL REPROXIMATE IN
12 m 4 3 2 4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) B MICHOROPAIA CANCELLOS S MONTHS
S D D D	DUE TO, OR AS A CONSEQUENCE OF
he don't cert he of the cert marion of	Conditions, if ony, which
PR 4 4 1 1 1 1	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OP
W that	underlying couse lost. (c) (SmoRea)
5, 20 greet puring	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
RECORDS flaw equil to been ag equil to price to t	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TEM IS PART 1 OR PART 2)
ECC 1 ATTEM	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	YES NOS YES NO
DIVISION OF VITAL NG PHYSICIAN: The offending physical from the this certificon to sthe buriol-from the ond mentol Hyperorked or frem 18 shape orked or frem 18 shape.	OR CONTRIBUTION OF CAUSE OF DEATH. HOUR A.M. MONTH DAY YEAR
ON OF VII	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
1510) PHY Hendi r this ond M ed or	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
DING or oth After e os th	WHILE NOT WHILE AT WORK
NS: A USE Heal	270. I certify that (I) (this hospital) attended the deceased from 19 6, to 5/9 7 6 19
Spirite Spirit	above, (I) (we) (did) (did not) view the body after death.
OR A DIRECTOR DIRECTOR DIRECTOR DEPT.	226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF 272. DATE SIGNED ATTENDING MEDICAL STAFF
RAL dete	PHYSICIAN DIRECTOR PHYSICIAN
OSPI ed b d be d be RTAI	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
TO HOSPITAL TO FUNERAL should be deto with the Store	Meil Paylor MO Kusing Sun, Ond
FFFA	230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATOR 23d LOCATION CITY PRIOWN COUNTY STATE
BP	BURIA/ 6-23-86 WEST NOTTINGHAM COLORA COCIL. MAD
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR our of funes of fun

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STATE OF MARYLAND



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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E OF DEATH	MONTH	DAY	YEAR		2b. HOUR	ī

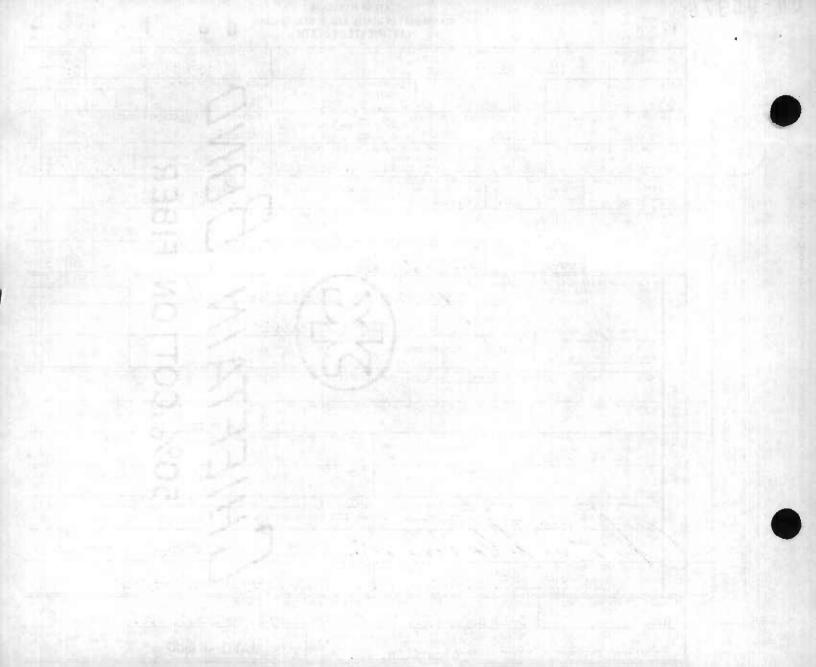
FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYGI	ENE 8 6		4 4	3 5
1. DECEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
(TYPE OR PRINT)	Henr	ry Rile	ey Hanes			May	11,	1986	9:05PM
3. SEX	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male		Caucas	ian	Jan.	5, 1912 YEAR	74	YRS.	MONTHS	HOURS MIN
70 BIRTHPLACE (SIAT	E OR FOREIGN 76	CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY C	R COUNT	Y OF DEATH	25-1 201
Maryland Maryland		U.S.A.		WIDOWE	DIM DIVORCED	Ceci1			м
10 CITY OR TOWN OF	DEATH 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPAT			F BUSINESS O
Perry Poin		erry P	oint Vete	rans	Adm. Hospital	Inspector			Gov't.
USUAL RESIDENCE (IF	NURSING HOME OR OTH	HER INSTITUTION			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 4225 30th	ZIP COD	E	
Maryland	Prince	Geo.	Mt. Rain	ier			Stree	et 2071	. 2
14 FATHER'S NAME	MID	DOLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	
Bennie	G.		Hanes		Lena			Berge	2
160 WAS DECEASED E			166 SOCIAL SECUI		17 INFORMANT 8716				00715
Yes	ww-2		577 12	7703	Lela Schneid	er, Bowie	e, Mai	ryland	
18 CAUSE OF D	EATH (Enter only of	one couse per	line for (o), (b), one	dice			239	BETWEEN	MATE INTERVAL ONSET AND DEAT
110 30 103	IMMEDIATE	CAUSE (o)	Cardio	pulmo	nary arrest se	condary to			
		DUE TO, O	R AS A CONSEQUE					100	
Conditions, if gove rise to		(b)		Li	aryngeal cance	r	4		
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		((c)			DELTA A				
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₹ 1,415 O. O.	LIKATIOT	I've COND	more rok wineri	OFERATIO	IN WASTERFORMED		IN CERTI	FYING CAUSES	OF DEATH?
21g. ACCIDENT WA	S UNDERLYING	21b. TIME O	F IN IURY		21c HOW INJURY OCCURR	YES NO XX		ES DESARIA	NO 🗆
OR CONTRIBUTION	CAUSE OF DEATH	HOUR A.	M. MONTH DA		THE HOW WASON' OCCORN	LD (ENIER NATURE OF 1930	MT IN TIEM IS	PART OR PART 2)	
(IF EITHER NOTIFY 21d INJURY OCC	MEDICAL EXAMINER)	P. 21e. PLACE	M. OF INTERV	19	21f LOCATION				
WHILE NO	T WHILE I		REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	NWN	COUNTY	STATE
111		\			4-29- 19.86	. 5	-11-8	60	
			e deceased from	86	nd that in (our) apinion d				that (I) (we) la
above y	eosed alive on		/ II			enth occurred on the d	ote and has	II ond from the	
	eosed alive on ve) (did) Wix N X v	new the body	after death.	_		eoth occurred on the d	ote and ha		
1	e) (did) with tox v	01	1	_	DEGREE ATTENDING	MEDICAL _ STA	FF	22c. DATE	SIGNED
1 fo	Ben	fel	men.	_	DEGREE ATTENDING PHYSICIAN		FF	22c. DATE	
228. PHYSICIAN	S NAME (TYPE OR PR	ALE RINT)	men) /	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STA	FF IAN XX	22c. DATE 5-1	SIGNED
228. PHYSICIAN	SNAME (TYPE OR PR	RINT) HER M.	BERCHELMA	ANN, M	ATTENDING PHYSICIAN PHYSICIAN PRICE	MEDICAL STA DIRECTOR □ PHYSIC	FF IAN XX	22c. DATE 5-1	SIGNED
228. PHYSICIAN	SNAME (TYPE OR PR	HER M. 23b. DATE	BERCHELMA 23c. N	ANN, M	ATTENDING PHYSICIAN D. VAMC, PE	MEDICAL STA DIRECTOR PHYSIC erry Point,	Mary	220. DATE 5-1 land	SIGNED 1-86
228 PHYSICIAN 230 BURIAL, CREMATII (SPECIFY) Burial	S NAME (TYPE OR PE CHRISTOPH ON, REMOVAL	RINT) HER M.	BERCHELMA 23c. N	ANN, M	ATTENDING PHYSICIAN DOWN PER PHYSICIAN DOWN PER PHYSICIAN DOWN PER PHYSICIAN DOWN PER PHYSICIAN DOWN PROPERTY P	MEDICAL STA DIRECTOR PHYSIC erry Point,	Mary	22c. DATE 5-1 land COUNTY G., Mary	signed 1–86
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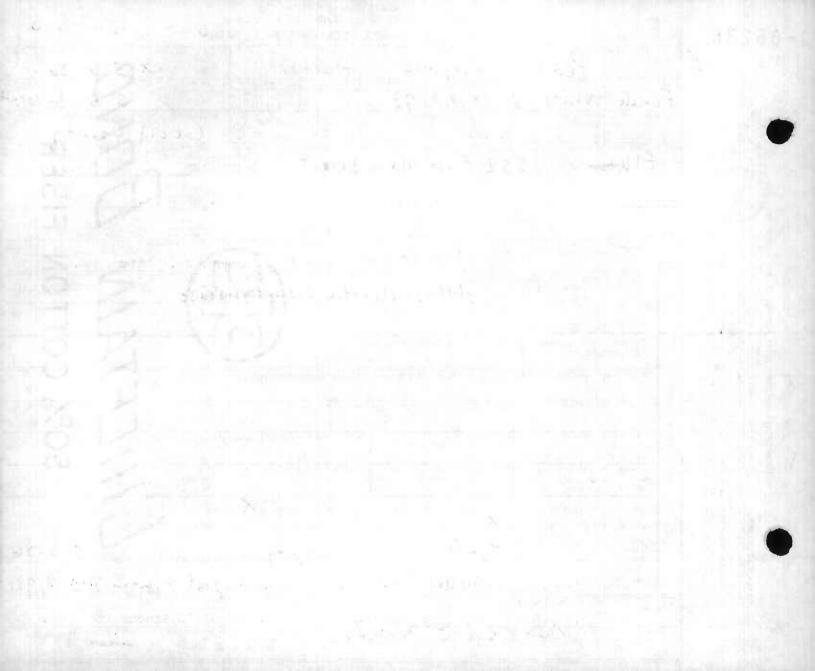
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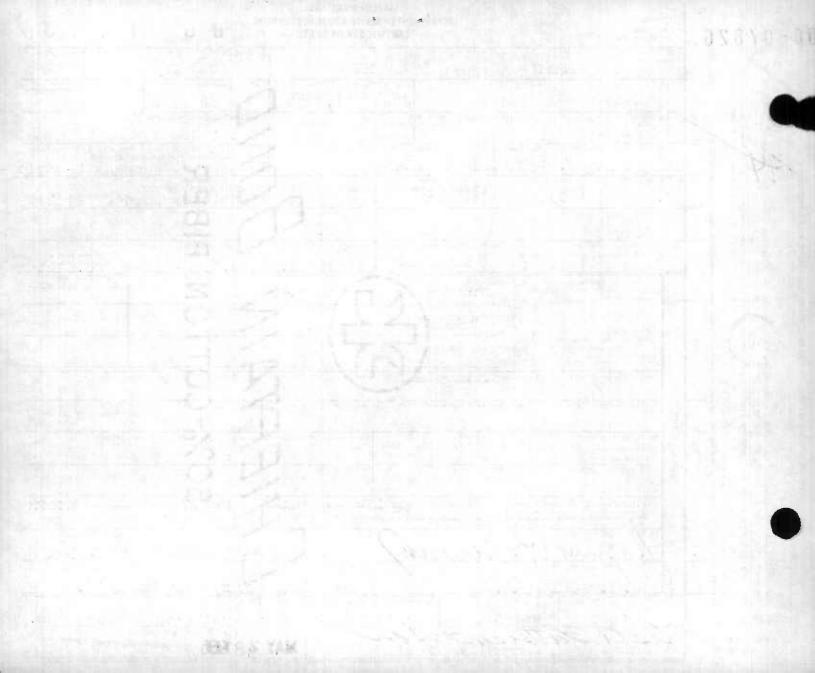
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	RECTOR. R FILES. HOURS STREET	3. SE	X 4. RAC		DATE OF BIRTH	6. AG	E (IN YEARS IF L	JNDER 1 YR. IF UN	DER 24 HRS. 2		MONTH	DAY	YEAR	2d HOUR
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22	(3855))	MAI	RYLAND	CECI	IL.	ELKTO	N	YES X NO	□ 252 1	E. MAIN S	ST.	2:	1921	
WD	NID TO	14. F	ATHER'S NAME	AJ.	AIDDI E	LAST		15. MOTHER'S MA	AIDEN NAME	WIDDLE			AST	
ian An	38238	JJ	EREMIAH			REEL)	MARY		BELLE	(COLE		
- ON	00 ST 0	160	WAS DECEASED EVER			166. SOCIAL SE		17. INFORMANT		ADDRE				
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3	- m > - / O		couse (o) stating	g the under-	<	AS A CONSEQU	ENCE OF		WITTY.					
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N S	D BE EXECUTED PROBING." IN PROBING." IN PROBICAL EXAM AS A BURIAL - BAITH AND MECREMATION, C		PART 2 OTNER SIGNIFICAL	NT CONDITIONS CON		BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIVEN I	N PART 1 in					
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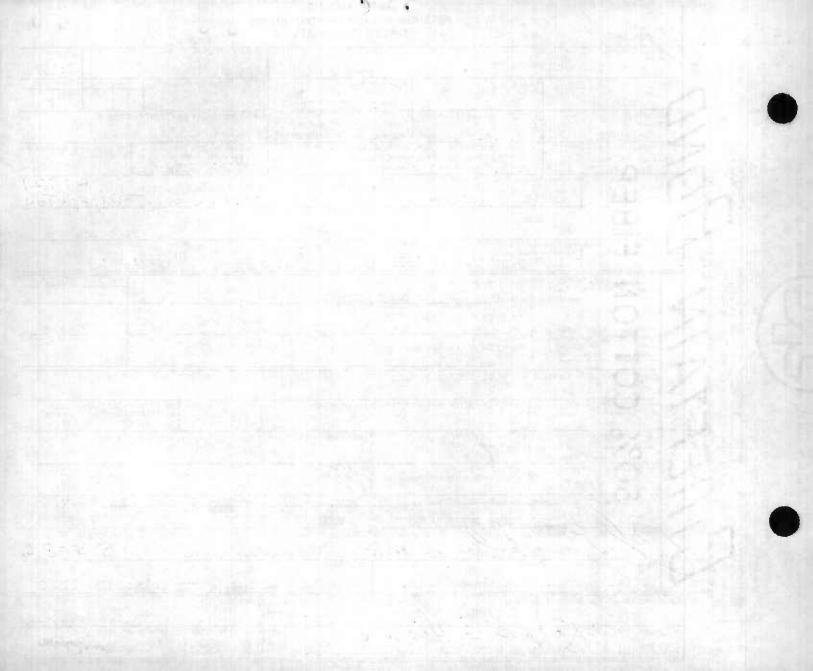
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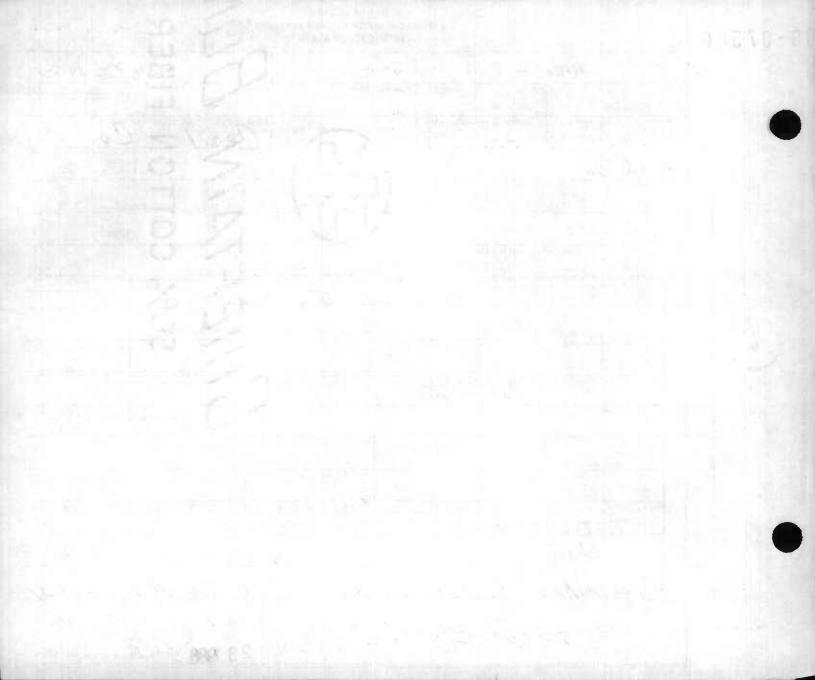
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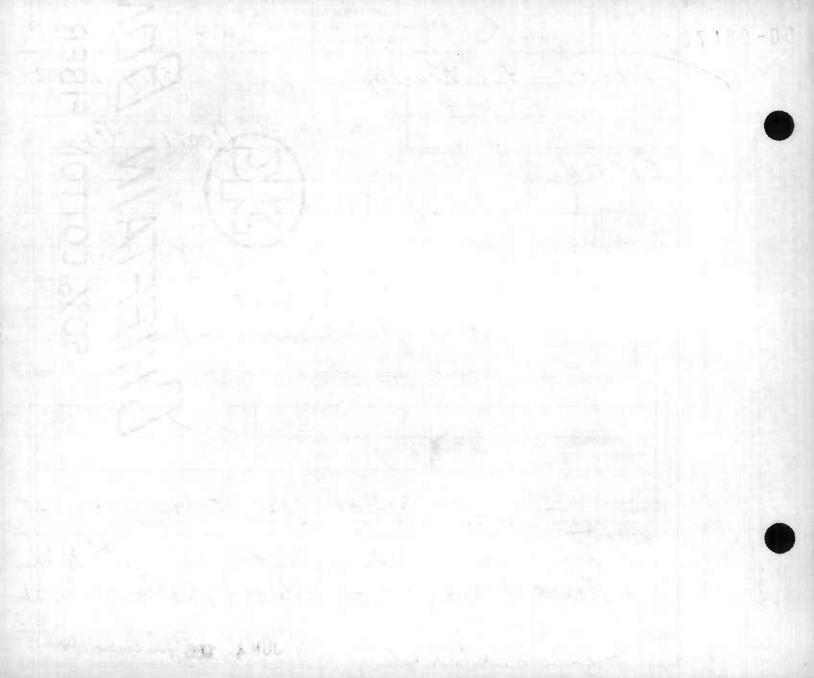
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE	54	6	4
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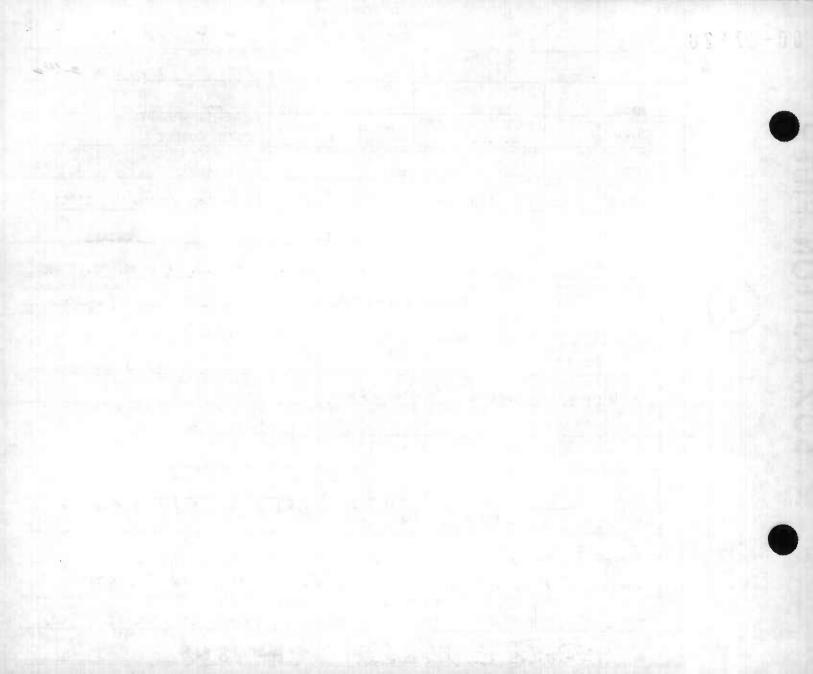
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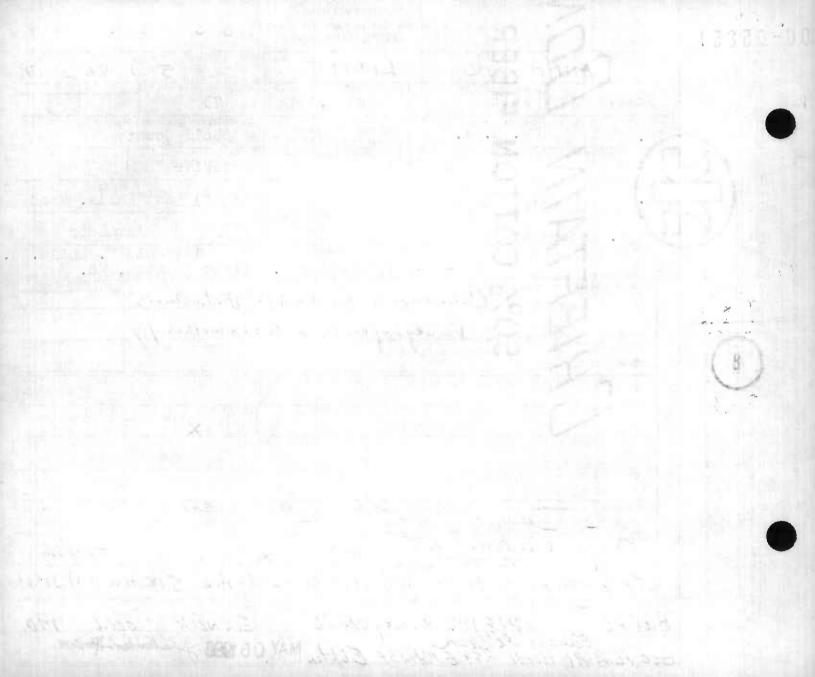
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24 FUNERAL PIRECIORS Home for Funerals, Elkton, Md. 250 DATE REC'D. BY REGISTRAR 250 R



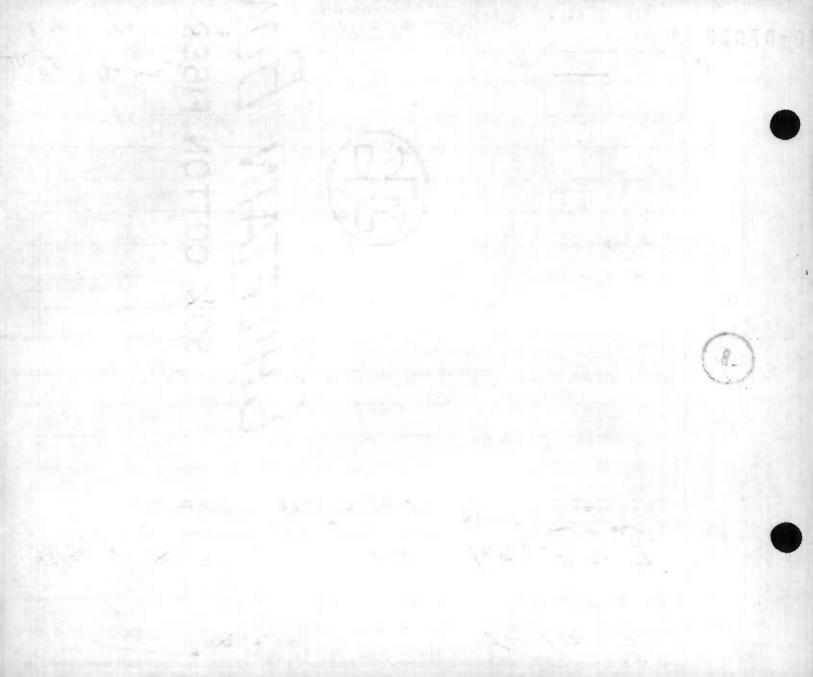


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0-05	851	Ľ	- STATE REGISTRAR					ICATE OF DEATH	REG. N	.0.		
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ITAL OR A	ERAL DIRE e detoched State Dept		226. SIGNATURE	-	lal.1	C. Pertain		DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STA		5/3	SIGNED
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BF			BURIAL, CREMATION, R	EMOVAL	236. DATE	1986 We	SLE J	Charl	ELK NECK		COUNTY	MD
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6	ge 4 mo) ector, po	3.	MALE	CAU UC.	5. DATE O	R. 22, 1909	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS.	IF UNDER TYEAR IF UNDER 24 HRS
	nerol dr.		BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIE WIDOWE		9. BALTIMORE CITY OR COUNTY CECIL	OF DEATH MD.
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AND 212	filled in rould be it must be	35 1	VAL RESIDENCE (IF NURSING HOME OF ARYLAND 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BER	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS WATER ST.	1913
MARYL	ompletely ond 2 st	70"	FATHER'S NAME CHASRLES	MIDDLE LONG		15. MOTHER'S MAIDEN NAME EMMA	ME MIDDLE	LAST
BALTIMORE, MARYLAND 21201	medicol) 160	(YES, NO PT WINNOWN) JIF YES, G	ARMED FORCES? 166 SOCIAL SE SIVE WAR OR DATES) 215-36		17. INFORMANT HELEN LONG	ADDRESS Wife same	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAI	quires that the death reported is signed by the offending the please remove control to buriol, cremation, or to buriol, cremation, or illusy, or ather troumatic event, the	3	PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	DUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH VEARS EN IN PART 1(0)
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	hospital or IRECTOR: A hed far use ept. of Healt them 21 is ma		220.1 certify that (1) (this has	pital) attended the deceased from in19 nat) view the body after death.		d that in (my) (aur) apinion o	, to	19, that (I) (we) lost and from the causes stated
	0 0 0 0 0		226 SIGNATURE A	all ms		ATTENDING PHYSICIAN 228. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	224. DATE SIGNED 5-23-86
	TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State E IMPORTANT: If	/ 23	ROY E.	HA LL 23b. DATE 23	A NAME OF C	CECIL-KENT	HEALTH SERVI	CES, CECILTON
	ВР		SPECIFBURIAL		JOHNTO	WN CEMETERY	EARLEVILLE,	CECIL, MD
	DHMH-16 30M 2/80 (VRA 15, 4)		FUNERAL DIRECTOR ELLOWS F.H. 2	226 E. MAIN S	r. CEC		12 13 1986	RAR'S SIGNATURE

		REGISTRAR CEASED NAME FIRS	3	MIDDLE	LAST	FDEATH	REG. N	MONTH DA	Y YEAR	2h HOUR-
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN TTYPE OR PRINT ESTI-29,086 DEATH MATED DIRECTOR. OUR FILES. 72 HOURS N STREET, ennedy SEX F UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY) MONTHS PRONOUNCED DELAY IS NECESSARY, TO THE FUNERAL DIRI 1986 3 20 1932 DEAD 76. CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. PA WIDOWED [DIVORCED ID CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY 12a USUAL OCCUPATION (TYPE OF WORK Antique Dealer Sales USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Maryland Cecil North East 11 S. Main Street NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE JOSEPH STUART MANLEY, SR. FLORENCE PEARL RIALE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) North East, MD 32 Rolling Mill Ln. Yes Korean 171-26-4279 Betty Weaver Manley, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY crotic heart disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 20 AUTOPSY? FORWARDED TO THE CHIEF TOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF I AND, 21201 PRIOR TO BURNA YES NO X 71a EXTERNAL CAUSE WAS 400 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED II LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE COUNTY STATE WHILE AT WORK PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PA AFTER DEATH, WITH THE STA BAUTINORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Natural causes death resulted fram: Accident Homicide Undetermined manner TITLE (SPECIFY ACTUAL SIGNATURE EXAMINER'S NAME Koton MD 21901 (TYPE OR PRINT) Burial Birmingham-Lafavette W.Chester PA 07/84 BP Chester 25M **DHMH - 17** (VR A15 ME (5)) North East, MD

Ellis it is a superior of the second 5 3- S- 1151 THE SAIL MEN SHARE Control of the series of the series of the series of 3-3-14

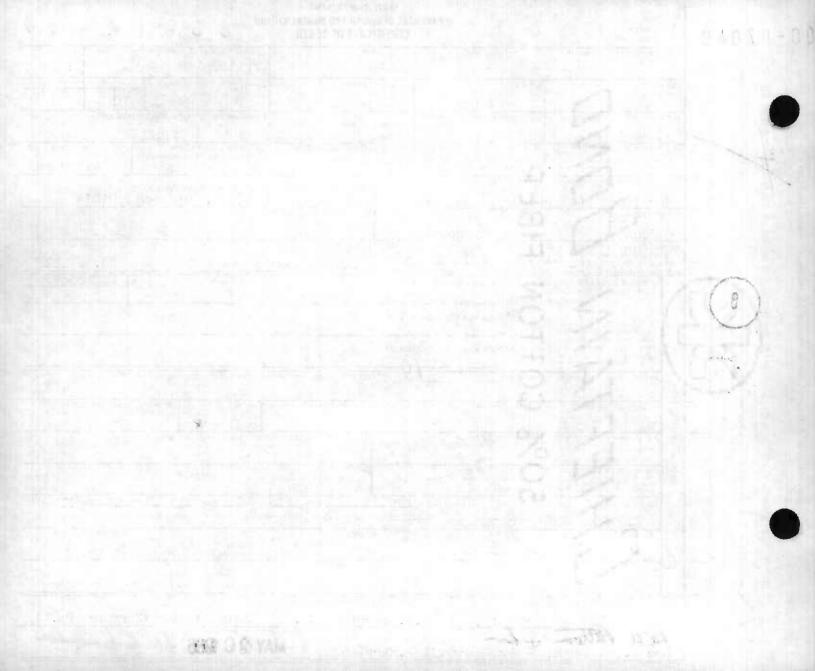
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 5 REG. N	10.	ì	4	4	4
E OF DEATH	MONTH	DAY	YEAR	26	. HOUR

	1 -	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL		NE 8 5).	4 4	4 4	9
		CEASED NAME ORPRINT)	Ray	В.	AIDDLE		poulos		lay 13, 198		Y YEAR	26. HOUR 6:05A	
	3 SEX	X	- J	4. RACE		5. DATE C			AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HR	M
4		Male		Talk	nite	Mar			5	_	INTHS DAYS	HOURS MIN	۷.
-		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF		RY2 B		- 9	BALTIMORE CITY OF	7 1110	FDEATH		_
2	-	country) ennsvlvan	ia l	USA		WIDOWE	D NEVER MARRIED			Cecil		,	MD.
1	10. CI	TY OR TOWN OF	DEATH	11. NAME OF H	HOSPITAL, NUI H FACILITY, GIVE ST	RSING HOME	OR OTHER INSTITUTION	DN 12	TYPE OF WORK FOR MOST OF	N	126. KIND O INDUSTRY	F BUSINESS C	
1	1	erry Poin	- 8						Mechanic		Ra	ilroad	_
9	13a S	aryland	13h COUN	ford	13c. CITY OR T	NWO	13d. INSIDE CITY LIMI YES 🕅 NO 🗆		STREET ADDRESS / 125 E. Br		, 2101	4	
2	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	MIDDLE		LAS	ī	
-	/	John			layopou	los	Retta				Beach		
5		VAS DECEASED EV		MED FORCES?	166 SOCIAL S		17 INFORMANT		ADDRE	3S		1000	
plan .	Ye	es 2/28/	45-5/2		180 20	5301	John Mayo	poul	os 8403 Ka	venaug			
		18 CAUSE OF DE PART I. DEATH	ATH (Enter or	ly one couse per	line for (o), (b)), and (c).1				126	BETWEEN	MATE INTERVAL ONSET AND DEAT	н
7	N	PARTI. DEATH	IMMEDIA	E CAUSE (a)	Cardio	opulmona	ary arrest				0.00		
7				DUE TO, OF	R AS A CONSE	OUENCE OF					100	, ,	
		Conditions, if o		(b)				700			1000		
Ŋ	19	cause (a), sto underlying ca	ating the		R AS A CONSE	OUENCE OF							
J	Z	PART 2. OTHER S	IGNIFICANT (ONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR CONE	OITION GIVEN	V IN PART 1	a	
	N O									A			
	CERTIFICATION	19a. DATE OF OPE	RATION	196. CONDI	TION FOR WH	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDIN		
	TIF								YES X NO.	YES		NO [
		210. ACCIDENT WAS	_			DAY YEAR	21c. HOW INJURY O	OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART	T 1 OR PART 2)		10
1	CAL	(IF EITHER NOTIFY M	SEDIC AL EXAMINER	P./	M.	19				7 9		2-65	
	MEDICAL	WHILE NOT AT WORK	WHILE WORK	21e PLACE (OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE	
		220.1 certify that	XIX this hospi	tal) ottended the	e deceased fro	May		83		3 19	_86	thatXX(we) la	ast
		saw the dece	ased plive an	May 13	ofter death.		nd that in (XX (our) op	pinian dec	oth occurred an the da	te and havr a	-		
		THE SIGNATURE	R	11			DEGREE ATTEND	MNG	MEDICAL STAF	c	22c. DATE	SIGNED	
_		No 1	len,	pela	ram	- 11	PHYSICI		DIRECTOR PHYSIC		5-13-	-86	
		22d. PHYSICIAN'S					22e ADDRESS						
				nann, M.					nter, Perr	y Poin	t, MD	21902	
		BURIAL, CREMATIC	,				EMETERY OR CREMAT		23d. LOCATION CITY OR TOWN		COUNTY	STATE	
	24 50	Crematic	on	May 16	,1986	R.A. Fe	erris & Co.		West Ches			Pa.	_
	1	ee A. Pat	ton	of for	ADDRE	iss .		MAN		Sh. REGISTRA		pondelle	
	L	ee A. Pat	ttersor	& Son	rerryvi	Lile, Mar	'y Land	MIL	100 V 1000	A			

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR STATE REGISTRAR

STATE OF MARYLAND

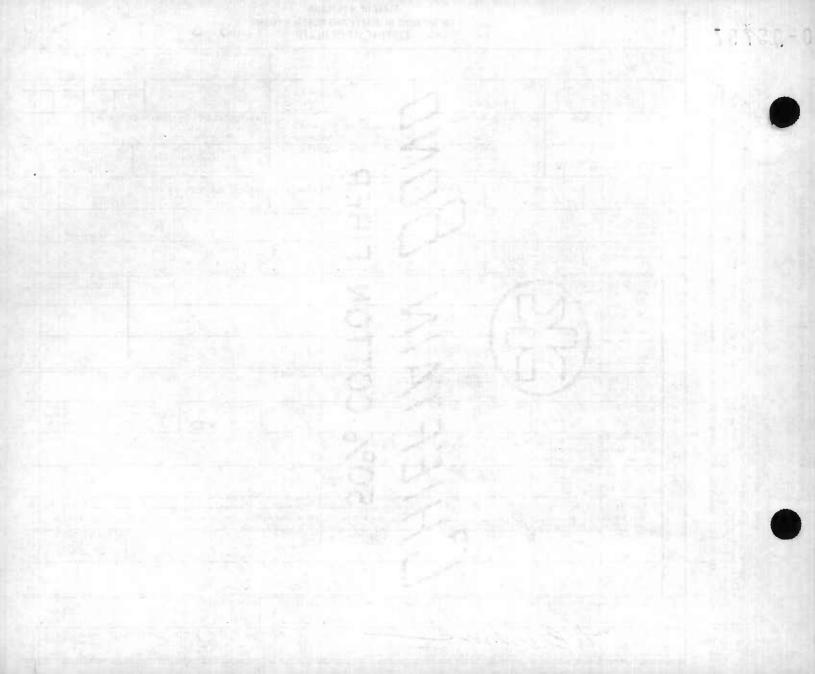
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

	DECEASED NAME	FIRST	,	AIDDLE	L	AST	20	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
/ "	TYPE OR PRINT)	IRVING		PHILIP	MENI	DELSOHN		MAY 1	1	986	4:55AM
3. 5	SEX	4.	RACE		5 DATE C	FBIRTH	6.	AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	MALE	F 120	WHI	TE	APRII			7	1 vnc	MONTHS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE)	OR FOREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8		9	BALTIMORE CITY C		Y OF DEATH	
/	New York				MARRIE	D NEVER MARRIE	L d	Cecil			1112
10	CITY OR TOWN OF	EATH #11	. NAME OF H	OSPITAL, NURSIN		OR OTHER INSTITUTIO		USUAL OCCUPATI		12b, KIND C	DF BUSINESS OR
1.0	erry Point		A MEDI		ER PEI	RRY POINT		ANALYST		LIFE INDUSTRY	
130	BUAL RÉSIDENCE (IF N STATE MARYLAND	136 COUNTY		130. CITY OR TOW MILLERSV	/N	136. INSIDE CITY LIM YES NO 🖔		STREET ADDRESS			21108
ウド	FATHER'S NAME					15. MOTHER'S MAID	ENNAME				
4	LEWIS	MID	DIE	MENDELSC	OHN	ROSE		WIDDLE		BIS	HOP
160	. WAS DECEASED EV			166 SOCIAL SECU	JRITY NO.	17 INFORMANT	(Wife	ADDRI	ESS		
100	(YES, NO OR UNKNOWN) YES	WWIIKO	APIN THES	215 18	0187	Mrc Toar		Mendelsohr	Car	mo ac 15	
-						mrs. Jean	10.	Menderson	1 Sai	me as 13	IMATE INTERVAL ONSET AND DEATH
	PART I. DEATH	WAS CAUSED	one couse per 3Y:	PNEUMO						BETWEEN	ONSET AND DEATH
		IMMEDIATE (CAUSE (o)						-		
	Librasia		DUE TO, OI	AS A CONSEOU		7 A T.C.					
	Conditions, if o		(b)	MULTIP	LE C	/A¹S					
	underlying cou	iting the	DUE TO, OF	R AS A CONSEOU	ENCE OF					1 778	
			(c)								
z	PART 2. OTHER SI	GNIFICANT COI	NDITIONS <u>CC</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	ETERMINA	AL DISEASE OR CON	DITION G	IVEN IN PART 1	0
NO P	19a DATE OF OPER	MATION	Tim CONDI	TION FOR WING!	OPERATIO	N WAS PERFORMED		20g AUTOPSY?	Tank IF VI	EC MEDE ENION	100 110-
CERTIFICAL CAT	IVE DATE OF OPER	KATION	146 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		ZVa AUTOPSY		ES, WERE FINDI IFYING CAUSES	
				E IN LEU EN		In the second		YES NO		res 🗌	NO 🗌
/	OR CONTRIBUTING	_	HOUR A.	M. MONTH D.	AY YEAR	216 HOW INJURY O	OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
N S	(IF EITHER NOTIFY M	EDICAL EXAMINER)	P./		19	J. Maria	1133			100	
MEDICAL	21d INJURY OCCU		21e PLACE (OF INJURY EET FACTORY, OFFICE, I	ARM. ETC I	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
1	AT WORK AT	WHILE O									
	22a.1 certify that	(1) (this hospital	ottended the	deceosed from_	DECEMENT	BER 9 , 193	85	, to MAY 1		. 19 <u>86</u>	that (I) (we) last
	sow the dece above, (I) (we	ased flive on	MAY I	ofter death.	86 . or	d that in (my) (our) of	pinion deo	th occurred on the de	ote and ha	our and from the	couses stated
	22b. SIGNATURE	11.1	4 1	1 0 100	11)	FGREE		PHILIPPIN		22c DATE	SIGNED
		0/1	100	VVV	IN	ATTEND PHYSIC		MEDICAL STAI	IANT	5-	1–86
- 81		NAME /TYPE OR	miti /		/	22e. ADDRESS					
1	22d. PHYSICIAN'S	THE THE COLUMN									
1		N RAYSON	(/	VAMC, PER	RRY P	OINT, MD			
230	GLENDOI	N RAYSON	23b. DATE	230	NAME OF C	VAMC, PE		23d LOCATION			
236	GLENDO	N RAYSON	23b. DATE			EMETERY OR CREMA	TORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	GLENDOI	N RAYSON	23b. DATE			emetery or crematon Nat. Ce	TORY em.	23d LOCATION			Va.

DHMH - 16 60M 7/8 (VRA 15, 4)

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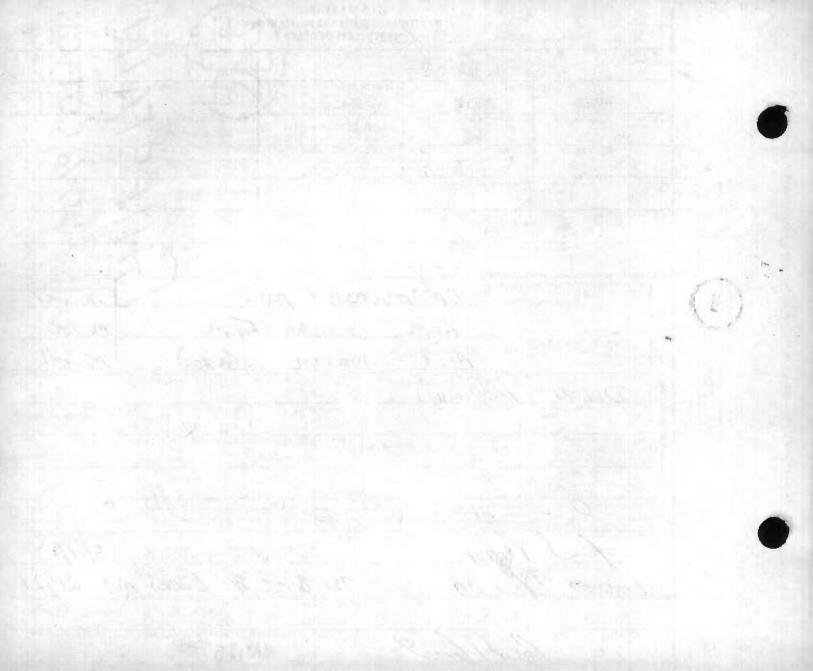


STATE OF MARYLAND

0-05592	1	500		STATE OF MARYLAND		
	1	FOR STATE REGISTRAR LI	LLIAN A.	ARTMENT OF HEALTH AND MENTAL H NORCERENTICATE OF DEATH	001	4 4 5 2
	1.08	CEASED NAME FIRST		LAST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
page 3	TTYP	ORPRINT)	LLIAN A. NORBURY		05-14-86	1:00
moy moy	3 SE		4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
s offi		FEMALE	WHITE	MONTH DAY YEAR 06-23-13	72YRS. YRS.	MONTHS DAYS HOURS MI
Poor dir		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR COUNTY	OFDEATH
in There est		MD	USA	WIDOWED DIVORCED [
The water of	10. 0	ITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIT	12b. KIND OF BUSINESS
lis of		ELKTON	UNION HOSPI	TAL OF CEC. CO.	Homemaker	Home
La Page	13a	AL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 13(. CITY OR	BEFORE ADMISSION) TOWN 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	
		MD	CE ELK		77 Arbutus St	21921
Cole the	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN P	N AME MIDDLE	LAST
orted Comp	1	Benjamin			CAPODEIC .	Clark
See do	100	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)	SECURITY NO. 17. INFORMANT 0-0062 Beverly C	7º9ºREASr but	tus St.
9 6 5	-			1	alvert Elkton,	
9 / 11 /		PART I. DEATH WAS CA	er only ane couse per line for ial, (b	DispuunoJay M	2014	APPROXIMATE INTERVAL BETWEEN ONSET AND DE
	1	IMME			, (4)	MANACE
÷ .		Canditians, if any, which	DUE TO, OR AS A GONS		Fanne	MINIST
the di	-	gave rise to immediate	e		\	7
by toose r		underlying couse last		myounin_	Winchen	mintes
gned n ple burio ry, ai		PART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
en sie The or to	ĕ	DIBGO	/ LYPUTWS/0			The second section is
low s be ermit e price on)	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
The cian sit p	H E	21a. ACCIDENT WAS UNDERLYING	an this os hilling	A HOW WINDS		S NO
physical phy	1	OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18, I	PART I OR PART 2)
SIC Cer 10g	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED	NINER) P.M. 21e. PLACE OF INJURY	19 211 LOCATION		
PHY trendi	WE	WHILE NOT WHILE AT WORK	LAT MOME STREET CACTORY OF	FICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
Or o or a Afte os of the mork			naspital) attended the deceased fr	om 5/7 10 86	2 10 5/13	19 16 , that (IV (we)
TENDIN ortol or TOR: Af for use a of Health		saw the deceased alive	e on	19 56, and that we (my) (aur) apinio	on death accurred on the date and hou	r and fram the causes stated
hosp hed hed them them		22b. SIGNATURE	d not) view the body after death.	DEGREE		TIL DATE SIGNED
the the lost of th		famul	1 Know	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/14/86
A by NER.		22d PHYSICIAN'S NAME (T	YPE OR PRIO	22e ADDRESS	T. K.	0.00
TO HOSPITAL TO FUNERAL should be deto with the State I		6-12000	Shoot MO	721 7000	EST EULDS 1	no $2(92)$
Off Off W	23a.	BURIAL, CREMATION, REMO		23c. NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	5-17-86	North East Meth	North East C	Cecil Md.
DHMH - 16 50M 7/77	24 F	UNERFORCER Fui	nered Home No	rth East, Md. 250 D	ATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VR A 15 (4))			later 1 Time		MAY 13 BOW	34.3

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BP.

DHMH - 16 60M 7/8

(VRA 15, 4)

STATE OF MARYLAND	STAT	E OF M	ARYLAND
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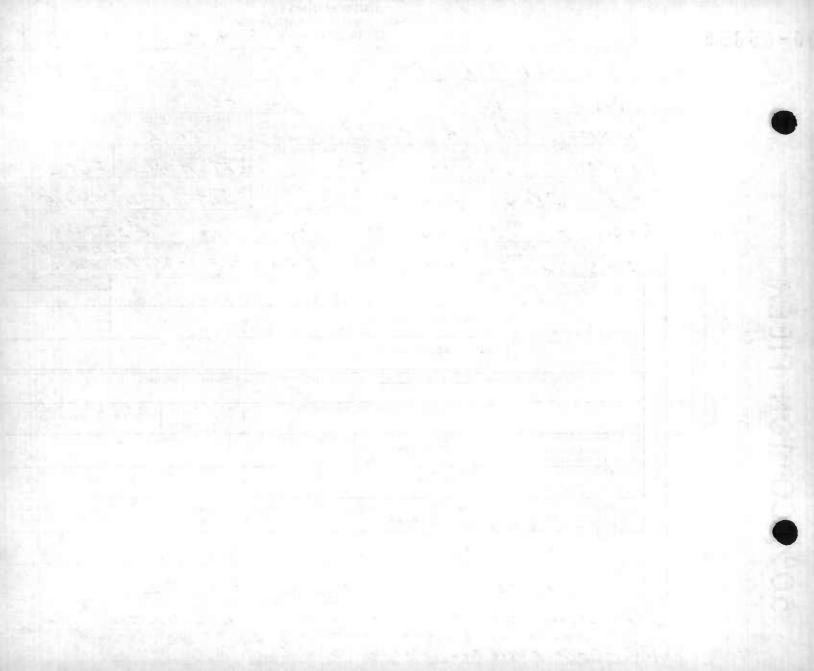
	8	REG.	NO.	-	4	47	Ś	
E	OF	DEATH	MONTH	DAY	VEAD	- 01	LICID	7

1 4	FOR STATE REGISTRAR			DEPARTN		ICATE OF DEATH	IENE 8 O		की का	Ś
	1. DECEASED NAME FIRST			MIDDLE LAST			20. DATE OF DEATH MONTH DAY YEAR 26 HOUR			2b HOUR
		RAY	CHA	APMAN	NO:	RMAN	MAY 20	1986		8:00P
	3. SEX	4	I. RACE		5. DATE C		6. AGE (IN YEARS LAST I			HOURS M
. [WALE	Dest.	MP	Æ	Wb	ry 17° 1896	90	YRS		
30 00	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		W.S.A. WIE		8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	_	OF DEATH	W St
1	Virginia				WIDOWED DIVORCED		CECIl County		,	
110	10 CITY OR TOWN OF DI	EATH 1	NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPA (TYPE OF WORK FOR MOS		12b. KIND OF	BUSINESS
-	Berry Paint (3					RRY POINT MD	FORMET		Agricu	Hure
35	USUAL RESIDENCE (# NU 130 STATE	N3b. COUNT	ord Co	130 CITY OR TOW	N /	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 3213 Co		Er Ros	154
20	FATHER'S NAME	w,"	MODLE	Norman	ى د	15. MOTHER'S MAIDEN NAM	MIDDLE		Hamp	ton
17	160 WAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17 INFORMAN (Sou) 83	6-1460 ADD	HAdy T	Lond	14.
Carried States	YES- Army W.W.			219-36-00	88	We Zehn H. Ho	TMAN STREET, MARYING 21154			
	18 CAUSE OF DEA	TH (Enter only	y one couse per	PECDED A MO	dici	MI STANFORM			APPROXIM. BETWEEN ON	ATE INTERVAL
	PARTI, DEATH	IMMEDIATE	CAUSE (a)	RESPIRATO	RY AF	RREST				1313
3	couse (a), stat underlying cou		(c)_	r as a conseque	NCE OF					
		GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 110	
7						NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, IN CERTIFY	, WERE FINDING YING CAUSES C	OF DEATH?
7		ATION	19b. COND	ITION FOR WHICH	OPERATIO		200 AUTOPSY? YES NO NO	20b. IF YES, IN CERTIFY	, WERE FINDING YING CAUSES C	GS USED DE DEATH?
29	CERTIFICATION TO THE OF OPER 190. ACCIDENT WAS U	ATION NDERLYING CAUSE OF DEAT	19b. COND 21b. TIME C HOUR A.	ITION FOR WHICH OF INJURY M. MONTH DA	OPERATIO	IN WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, IN CERTIFY	, WERE FINDING YING CAUSES C	OF DEATH?
29	WE THE NOTIFY ME	ATION NDERLYING CAUSE OF DEAT DICAL EXAMINER; RRED WHILE	19b. COND 21b. TIME C HOUR A. P. 21e. PLACE	ITION FOR WHICH OF INJURY M. MONTH DA M.	OPERATIO AY YEAR 19	IN WAS PERFORMED	200 AUTOPSY? YES NO NO	20b. IF YES, IN CERTIFY YES	, WERE FINDING YING CAUSES C	OF DEATH?
29	WMILE NOT WAS U 210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME AT WORK 220.1 Certify that (sow the decen	NDERLYING CAUSE OF DEAT DICAL EXAMINER) RRED WHILE ORK I) (this hospite	21b. TIME CHOUR A. P. 21c. PLACE (AT HOME, STILL OF THOME, STILL OF THOME, STILL OF THOME) DI) attended the MAY 20	OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARM, ETC.)	216 HOW INJURY OCCURS 216 LOCATION STREET 29 86	200 AUTOPSY? YES NO ENTER NATURE OF IN CITY OR , 10 MAY 20	20b. IF YES, IN CERTIFY YES	WERE FINDING (YING CAUSES C	STATE
29	WMILE NOT WAS U 210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER NOTIFY ME AT WORK 220.1 Certify that (sow the decen	NDERLYING CAUSE OF DEAT DICAL EXAMINER) RRED WHILE ORK I) (this hospite	19b. COND 21b. TIME C HOUR A. P. 21e. PLACE (AT HOME, STI	OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARCH 6 , or	216 HOW INJURY OCCURS 216 LOCATION STREET 22 , 19 86 and that in (my) (our) opinion of DEGREE	200 AUTOPSY? YES NO ENTER NATURE OF IN CITY OR , to MAY 20 death occurred on the	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18 PA TOWN AFF	COUNTY 9.86 , the ond from the county	STATE
29	POPULATION OF CONTRIBUTIONS 210. ACCIDENT WAS U OR CONTRIBUTIONS (IF EITHER NOTIFY ME 11 M JURY OCCU AT WORK 220. I certify that (saw the dece- above, (I) (we) 22b. SIGNATURE 22d. PHYSICIAN'S N	NDERLYING	21b. TIME CHOUR A. P. 21c. PLACE (AT HOME, STILL MAY 20 view the body	OF INJURY M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE, F.	OPERATIO AY YEAR 19 ARCH 6 , or	216. HOW INJURY OCCURS 216. LOCATION STREET 222	200 AUTOPSY? YES NO ENTER NATURE OF IN CITY OR TO MAY 20 depth occurred on the MEDICAL ST DIRECTOR PHYS	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18 PA TOWN AFF	COUNTY 9.86 , the ond from the county	STATE ST
7	POPULATION OF CONTRIBUTIONS 210. ACCIDENT WAS U OR CONTRIBUTIONS (IF EITHER NOTIFY ME 11 M JURY OCCU AT WORK 220. I certify that (saw the dece- above, (I) (we) 22b. SIGNATURE 22d. PHYSICIAN'S N	ATION NDERLYING CAUSE OF DEAT DIC AL EXAMINER) RRED WHILE ORK ORK Gidd) (did not) NAME (TYPE OR	21b. TIME CHOUR A. P. 21c. PLACE (AT HOME, STILL MAY 20 view the body	ITION FOR WHICH OF INJURY M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, FACTORY, OFFICE	OPERATIO AY YEAR 19 ARM, ETC.) ARCH 6 , or	216 HOW INJURY OCCURE 216 LOCATION STREET 22 19 86 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO ENTER NATURE OF IN CITY OR TO MAY 20 depth occurred on the MEDICAL ST DIRECTOR PHYS	20b. IF YES IN CERTIFY YES JURY IN ITEM 18 PA	COUNTY 9.86 , the ond from the county	STATE STATE STATE OUT (I) (we) DUSSES STOTEC IGNED

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the property of an area to the separate and server the server of the ser Heliff Control Name 200 ESCIPTION CONTROL TO THE STATE OF THE STATE OF

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LOECEASED NAME 7a. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) deo 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3 SEX 5. DATE OF BIRTH MONTH YEAR . 76 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE ISTATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED DIVORCED [WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION A CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b KIND OF BUSINESS OR INDUSTRY MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13a. STATE CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 256 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: RESPITOR IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CANCER Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse last. 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION 0 prior 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED ĕ IN CERTIFYING CAUSES OF DEATH? per NO YES [NO [71a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 and Mer Ď 21d. INJURY OCCURRED 71e. PLACE OF INJURY 21f. LOCATION ă (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from. 19.81 sow the deceased plive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED * ATTENDING MEDICAL STAFF be deto e Stote FUNERAL PHYSICIAN [] DIRECTOR | PHYSICIAN | 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS should be with the IMPORT/ 11 MINGTON 0 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE WILLMINGTON DHMH-16 60M 1/73 (VR A 15 (4))



STREET BY THE PRINTING A PARTIE TO BE STOLEN TO A THE SECOND SECURITION OF THE SECOND SE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-OF 2606 DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UND IF UNDER 24 HRS 2d HOUR DATE BIRTHDAY PRONOUNCED DEAD 9000 TO BIRTHPLACE (STATE OR 16 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF MARRIED NEVER MARRIED FOREIGN COUNTRY) MO WIDOWED DIVORCED ID CITY OR TOWN OF DEATH TRACK DRIVER SE/FEMD CONOWINGO 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13a STATE 136 COUNTY 13c. CITY OR TOWN YES 🗌 CECI COHOWING NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE IYDE 7. INFORMANTA 160 WAS DECEASED EVER IN U.S. OCIAL SECURITY NO IYES NO OR LINKNOWN) 215-30-3101 NO APPROXIMATE INTE - AL
BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY Atherosderotic heart of IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 d. DIVISION OF VITAL RECORD CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NO 3 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinian TO FUNERAL DIRECTO AFIER DEATH, WITH THE BELTIMORE, MARYLAI Natural causes death resulted fram: Accident Suicide Hamicide ___ Undetermined manner ACTUAL SIGNATURE MEDICAL EXAMINER 1kton MD 21921 EXAMINER'S NAME TYPE OR PRINT) 30. BURIAL, CREMATION, REMOVAL 23b. DATE STATE 5-30-86 BP. 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) FUM MA 20M 4/82

Jenst William P. The second of th

n'n -	060	7 7	3	/	FOR STATE REGISTRAR				ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	O	Č REG. NO.	144	5 /
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	ge 4 may	s affect		1.5E			White)		OF BIRTH 170AY 19168	6. AGE (INYE	ARS EAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	moth. For	n 72 hou	14		RTHPLACE ISTATE OR FOREIG	7b.	U.S.	WHAT COUN	TRY? 8 MARRI WIDOW	DAZ NEVER MARRIED [ED DIVORCED [RECITY OR COU	NTY OF DEATH	MD.
100	is other d	f p	1	10 C	TON TOWN OF DEATH	111	(IF NOT IN SUC	H FACILITY, GIVE		OR OTHER INSTITUTION	(TYPE OF WORK	OCCUPATION FOR MOST OF WORKIN Dfitter	G LIFE) INDUSTRY	BUSINESS OR
AND 212	24 hou	and show	25	USU. 13a S	AL RESIDENCE (IF NURSING I	ECTT		NSYCH	BEFORE ADMISSION	138. INSIDE CITY LIMITS?		10 mm	Ave. 2	1901
MARYL	and with	/ 000	10	14 FA	THER'S NAME FIRST John Rain	мю.	DLE	LAST		15. MOTHER'S MAIDEN I	Singl	eton	LAST	
TIMORE	be execu	Poges	/		VAS DECEASED EVER IN (res, no or unknown) (1F		D FORCES? AR OR DATES)	217-C	SECURITY NO. 19-4349	Edith Ra				21901
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ESTON	death ce	ove corb	anmanc		Conditians, if any, wh		DUE TO, O	R AS A CONS	EQUENCE OF	Cen'nary	mach	Infect &	<u> </u>	
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1 OF VII	SICIAN g physic	ing trans	9	CAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	E OF DEATH			DAY YEAR		URRED (ENTER NA	TURE OF INJURY IN ITEM	18, PART 1 OR PART 2}	
IVISION	Mendin	as the bu	/	MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
-	dTENDI spiral or	for une	0		220-1 certify that (1) (this sow the deceased a abave, (1) (we) (did)	live an				nd that in (my) (our) opini	, taon death accurre	d on the dote and		hat (I) (we) last auses stoted
	AL OF	detoched ote Dept			226. SIGNATURE	Se	ali	ole)	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DATE S	SIGNED
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	2 F 2	413	T	23a E	URIAL, CREMATION, REA	OVAL	23b. DATE			EMETERY OR CREMATOR	Y 23d. LOCA	TION	COUNTY	STATE
	BP_			14.21	Burial		5-10-	-		Conception	Cher		Cecil	Md.
	OHMH - 16 5 (VR A 1:			470,773	MEH BUTER EU	ner	M. Hor	ne No.	th Eas	st, Md.	AAY Q	Och July	- Verricon	belonen

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> 13e.STREET ADDRESS / ZIP CODE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES M 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE (our) opinion death occurred an the date and have and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN

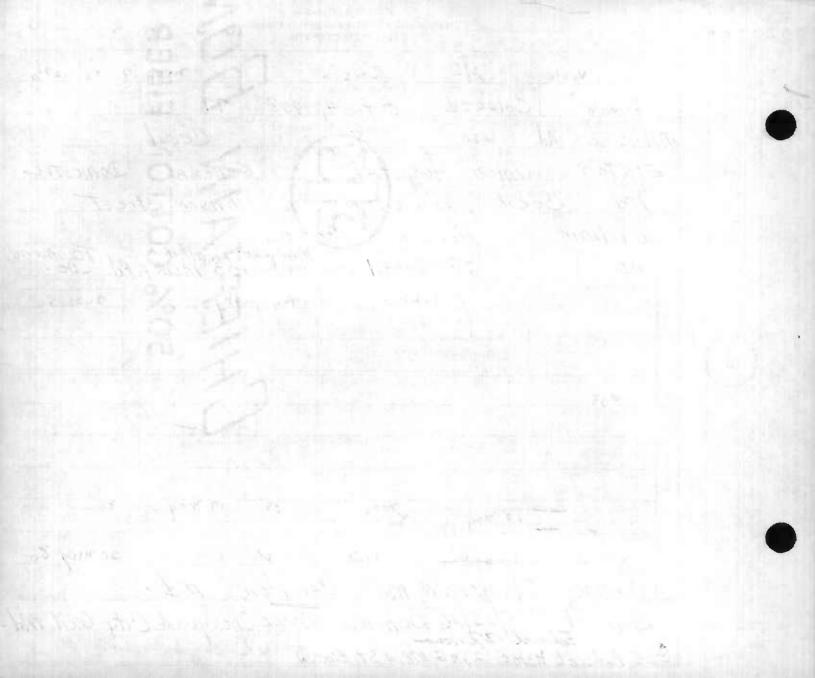
YEAR

86 IF UNDER TYEAR

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DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-	REG. NO.	

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1	REGISTRAR				CERTIN	ICATE OF DEATH	REG.	NO.		
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3. SE	X	110223112	4 RACE	- 14 (- 1 - 1	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST	BIRTHDAY) IF	FUNDER 1 YEAR	IF UNDER 24 HRS
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		E OR FOREIGN		WHAT COUNTRY?	? 8	NEVER MARRIED	9. BALTIMORE CITY		F DEATH	
	COUNTRY)	D	4.5	A.	WIDOWE		CECI	1		WD
10. C	ITY OR TOWN OF	DEATH			ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPA			OF BUSINESS OR
pr	ERRY POTE	VT. MD		ICAL CEN			TYPE OF WORK FOR MOS	T OF WORKING LIFE)	INDUSTRY	7
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	WAS DECEASED E			166 SOCIAL SECT		17 INFORMANT	ADD	RESS	-000	IE AS
(VES, NO OR UNKNOWN	(IF YES, GIV	WAR OR DATES)	217-16-	7.511	SHIDEN	? D=1	-1016	13 F	1 BOVE
	/			line for (a), (b), or		J. T. Z. Z. Z.	1. 26 YM	0100	APPROX	MATE INTERVAL ONSET AND DEATH
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A	gove rise to couse (a), s underlying co	immediate toting the ouse last.	DUE TO, OF	CANCER C	DE PROS		20a AUTOPSY?	20b. IF YES,	WERE FINDI	NGS USED 5 OF DEATH?
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MEDICAL CERTIFICAT	gove rise to couse (o), s underlying countrying countrying countrying countrying countrying countrying (# Ether Notify 21d, INJURY OCC WHILE AT WORK A 220.1 certify the sow the decopove, the country country country country country country country countrying 22b. SIGNATURE 22d. PHYSICIAN'	Immediate Interest In	DUE TO, OF (c) 19b. CONDITIONS CO 19b. CONDI	CANCER C R AS A CONSEQUE ONTRIBUTING TO TION FOR WHICH FINJURY M. MONTH D OF INJURY BET, FACTORY, OFFICE. e deceosed from other death.	DE PROS JENCE OF DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.) MARCH 86 on	NOT RELATED TO THE TER/ N WAS PERFORMED 21c. HOW INJURY OCCUP 21f. LOCATION STREET 21 , 19 86 ad that in (%) (our) opinion DEGREE ATTENDING PHYSICIAN 1 22e ADDRESS VA MEDICAL (200 AUTOPSY? YES NOW RRED (ENTER NATURE OF IN CITY OR D. to MAY I death occurred on the MEDICAL ST DIRECTOR PHYS CENTER, PER	20b. IF YES, IN CERTIFY YES JURY IN ITEM 18 PAR TOWN 4 19 date and hour of	COUNTY 20 Dand from the	NGS USED OF DEATH? NO STATE thot ** (we) lost causes stated SIGNED 1-86

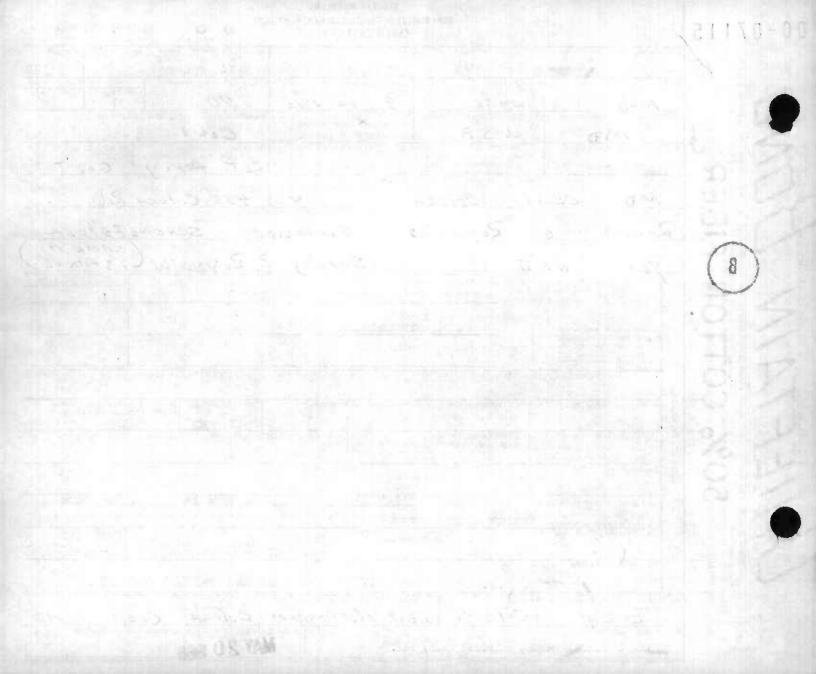
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT: If them 21 is morked or them 18 shows any injury, or other troumotice

Foard Funeral Home, Rising Sun, Md.

MAY 20 1966



(VRA 15, 4)



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	, be	15		CEASED NAME FIRST Charl	otte	Velma	Ryon	n		y 8, 198	6	YEAR 2	10:15 _M
	mo.	1	3. SE	X	4 RACE		S. DATE C		6 AGE	(IN YEARS LAST BIRTH			F UNDER 24 HRS
	ector rs of	13	11	Female	Cauc	asian	Nov				YRS	IMS DAYS	HOURS MIN.
•	eath. Par neral dir n 72 hav	33		RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN	OF WHAT COUNTRY	(2 8	D X NEVER MARRIED	9 BAL	TIMORECITY OR Charles		DEATH	MD.
	er d with	なり	10 C	ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL, NURS		OR OTHER INSTITUTION		SUAL OCCUPATION		12b. KIND OF E	BUSINESS OR
-6	S of	刻	I	a Plata		icians Mer		Hospital		memaker		Own h	ome
AND 2120	24 hour	15		AL RESIDENCE (IF NURSING HOME COL STATE 136 COL MD CHA	R OTHER INSTITU	13c CITY OR TO INDIAN	ORE ADMISSION)	1 13d. INSIDE CITY LIMIT	TS? 13e STF	REET ADDRESS /	ZIP CODE	20	640
×1,4	声 を入	1 / C	14. FA	THER'S NAME				15. MOTHER'S MAIDE	NNAME			7110 21	110
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	d co	icol		VAS DECEASED EVER IN U.S. A	RMED FORCE	S? 166 SOCIAL SE			Spouse	I D D AEG	Ś	ALL	ur
BALTIMORE	Pog	medica	1	VES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATE		-8893	John C.			ame as	13	
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. PRESTON	the death the attend remove car	er traumo		Conditions, if ony, which gove rise to immediate cause (a), stating the) Ib	O, OR AS A CONSEQ D, OR AS A CONSEQ	myc	CARDIA	LIN	JFA CTI	(O N)		
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	ok bok Dep	II. If Item		22b. SIGNATURE	4. N	latter		DEGREE ATTENDIN PHYSICIA	NG MEDI	ICAL STAFF	AN 🗆	S - C	
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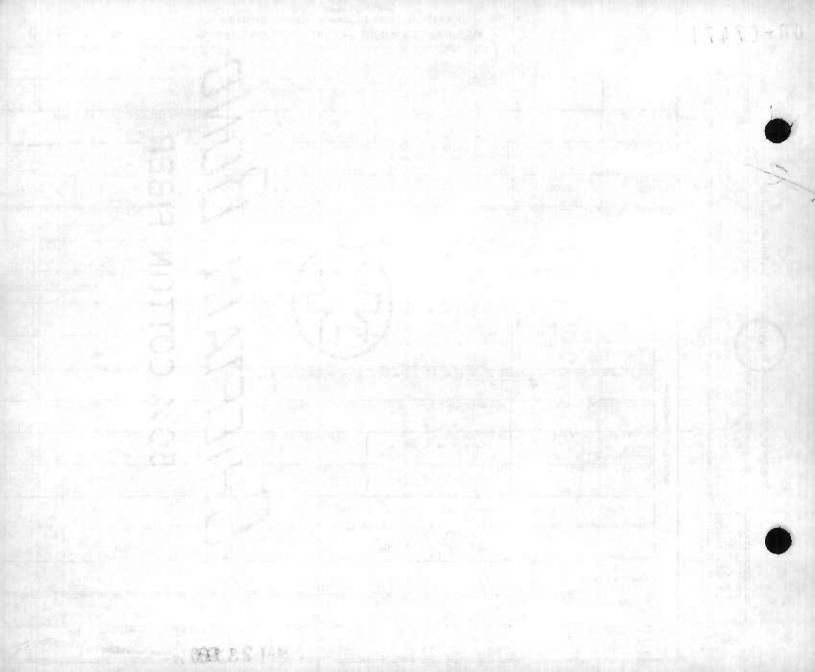
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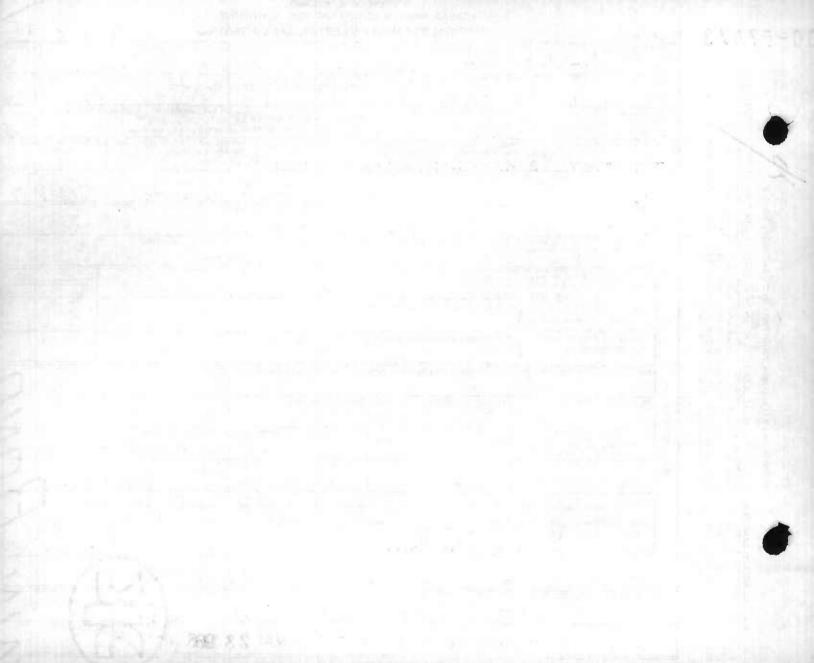
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THE STATE OF	1		100 -	X16167	or Carrie, s	Mualka	14- New	article
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O + 0 + 0 0	/	WED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM,	211 LOCATION	CITY OR TOWN	COUNTY	STATE
N DE THORY		2	AT WORK AT WORK	TAT HOME. STREET, PACTORY, OFFICE, PARM,	arc)	CIII OK TOWN	000.111	31611
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N 2 8 3 2 5			saw the deceased alive an_			, to <u>S-15</u>	19.00	that (I) (we) last
4 6 12 8 5 6 W			above, (1) (we) (did) (did nat)	view the bady after death.	, and that in (my) (aur) apinian c	reath occurred on the date	and haur and from the	couses stated
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E & E & S & Z	7		224 PHYSICIAN'S NAME (TYPE OR		22e ADDRESS			
HOS SERVICES	/		KENNETH	LEWIS	1000	n St Midd	16 touch Di	= 19709
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06.6000	1	73a BI	TRIAL CREMATION, REMOVAL		E.DF CEMETERY OR CREMOTEDRY	234 LOCATION	7	
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7/1/1/	İ	M FU	NEBAT DIRECTOR # 0	11 11 11 11	25a DATE	REC'D. BY REGISTRAR 256	PEGISTRAP'S SIGNIAT	TIDE
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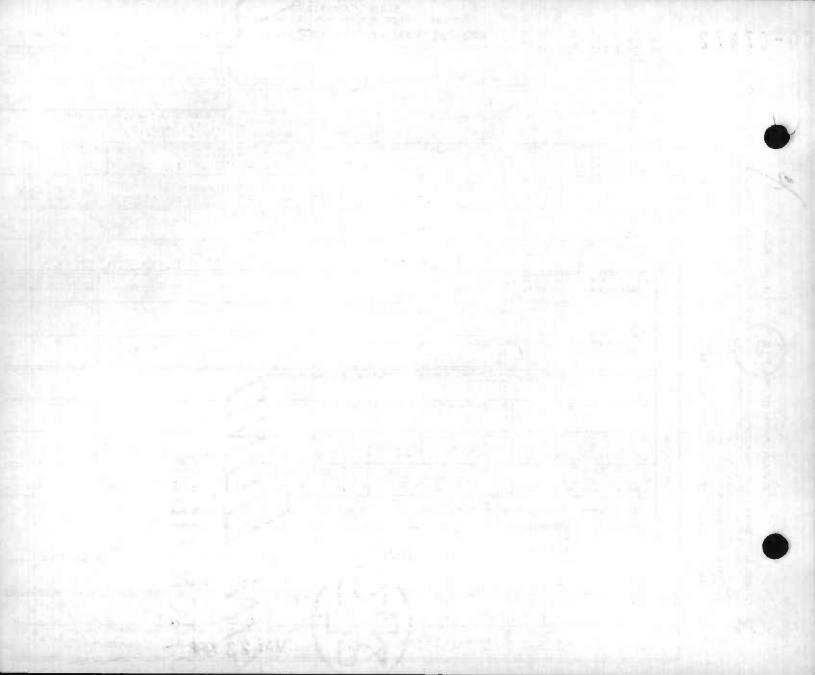
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-07471 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE KNOWN 1. DECEASED NAME MONTH 7h HOUR (TYPE OR PRINT) ESTI-DEATH MATED DELORES SEYMOUR TATE I SEX 4. RACE DATE OF BIRTH IF LINDER 24 HRS 2d. HOUR DATE VEAD LAST BIRTHDAY PRONOUNCED 30 DEAD -19-86 TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED POREIGN COUNTRY) U.S.A. DIVORCED Cecil county WIDOWED [CITY OR TOWN OF DEATH MAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY NOT IN SUCH FACILITY GIVE STREET ADDRESS! FOR MOST OF WORKING LIFES REALTORS CECIL COUNTY I-95, 400 mile marker Cecil County 3a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS N.C. HIGH POINT 600 WOODROW AVENUE 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST TATE REEDER UNKNOWN ELEASE 17. INFORMANT ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. N.C. (IF YES, GIVE WAR OR DATES) 243966881 ELEASE REEDER 605 ROBBINS RD. JAMESTOWN 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries and thermal burns DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING STOR driver of an auto which struck the rear of a CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME wisabored bus 21d INJURY OCCURRED STREET, FACTORY FARM FTC 1 CITY OR TOWN STATE WHILE AT WORK hawy N/bd. 400mi.marker Cecil Co..Md Autopsy X 220 I certify that I taak charge of the remains described above, held an Inspection and in my apinian Accident X death resulted from Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNED. 5-19-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street TYPE OR PRINT 730 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE BURTAL 5-25-86 OAKWOOD CEMETERY MARYLAND HIGHPOINI 250. DATE REC'D. BY REGISTRAR 1258 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHISH : 17 from miden pandalle WM.C.MARCH FUNERAL HOME INC. 1101 E.NORTH AVE IVR A15 ME (51)



	W. 1		STATE OF MARYLA PARTMENT OF HEALTH AND		
10-0	7473	- STATE REGISTRAR MED	CAL EXAMINER'S CERTIF	FICATE OF DEATH O REG. NO.	4 0 4
0 0	1410	1. DECEASED NAME FIRST	AIDDLE LAST	20. DATE KNOWN X MONTH	DAY YEAR 26 HOUR
	2000	DEMERTUIS RAY	ON SEVMOUD	DEATH MATED	9-86° M
	PLEAN RECTO R FILE HOUR	A RACE S. DATE OF BIRTH	YEAR LAST BIRTHDAY) MONTHS DAYS	R. IF UNDER 24 HRS 2c. DATE MONTH	DAY YEAR 24 HOUR
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-	SECTION ()	N.C. U.S.A.	WIDOWED	DIVORCED Cecil County	MD.
	WHEN !	II. NAME OF HOSPI	TAL, NURSING HOME, OR OTHER INSTIT		126. KIND OF BUSINESS OR INDUSTRY
0	A SEE SEE		. 400 mile marker C		
1	SERVICE STATE	USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMISSION)	E CITY LIMITS? 130. STREET ADDRESS	acan
213	A SHEED !	N.C.	HIGH POINT YES 5		99999
9	1 to 28 11	14 FATHER'S NAME - MIDDLE		THER'S MAIDEN NAME	LAST
u.	Park Pres	RAYFORD		ELORES	TATE
SA CA	SORA	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (16 YES, GIVE WAR OR DATES)		DRMANT ADDRESS	
ALL TANKS	ATTER DEATH FOR PAGES 1 MAGES 1 MAD % ON VITAL	NO	UNKNWON LI	UCY SEYMOUR 1100 E. WASHIN	GTON
	S B X E	18 CAUSE OF DEATH (Enter only one couse per line for	r (o), (b), ond (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7	AERWAY	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Hea	d and neck injuries	s and thermal burns	
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(2	日日日本教育を	Conditions, if ony, which gove rise to immediate (b)			
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96	S A S S S S S S S S S S S S S S S S S S	(c)			
- Gar	EMA BEA	PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMINAL DISEASE OR CONDIT	TION GIVEN IN PART 1 (a).	
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MOBINIED	S S S S S S S S S S S S S S S S S S S	214 INTURY OCCURRED 21e PLACE OF	INJURY (AT HOME. 215 LOCATION	isabled vehicle	K the rear
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	E TREE				
	MEDICAL EXAMINER: CUTE THE CERTIFICATE SE 4 SHOULD BE FOR ER DEATH, WITH THE ST ITMORE, MARVILLIND	220. I certify that I took charge of the remains descr		Inspection X. Inquiry , and in my of	inion
-	AFRAGES /	death resulted fram: Natural causes , A	(11	micide, Undetermined monner,	
•	WAN WAN	ACTUAL VIOLATES 10	A 1 1/ 1/11	SISTANT MEDICAL EXAMINER SIGNE	5-19-86
	DECAL TETHE NORTH NORTH	SIGNATURE	M.D. ASS	SISCATIC MEDICAL EXAMINER SIGNE	D 7-13-00
	A SERVICE	EXAMINER'S NAME (TYPE OR PRINT) Margarit	a A. Korell, M.D.	111 Penn Street	
	DAG DAG —	230 BURIAL, CREMATION, REMOVAL 236 DATE	23c. NAME OF CEMETERY OR CREMA	ATORY [23d LOCATION	NTY STATE
00	G1000	BURIAL 5-25-86	OAKFORD MEMORIAL	HTCH POINT	N.C.
77	Tohul 2	24 FUNERAL DIRECTOR		250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S S	GNATURETAL
100	(VR A15 ME (5))	WM.C.MARCH FUNERAL HOME IN	IC. 1101 E.NORTH AV	E. MAY 23 1986	1 /2 / 27
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11-1	7477	1-	STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATE OF	DEATH	O REC	S. NO.	d del	0	2
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200	ANY CAND 3 RETAIN HOULD	13a. S	TATE	(IF IN NURSING HOME OF		13c. CITY	ORTOWN		13d. INSIDE CI		13e. STREET			0	aga	00
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(%	BAN-T-WAN		lying cau	stating the <u>under</u> - se lost.	DUE TO, O	R AS A CO	SEQUENCE O	F								
12	AND A EXPERIMENTAL				(c)											
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EC	EXAMINER: THIS CERTIFICATE SHOULD BE BE CERTIFICATE, WRITING THE WORD "PENDINULD BE FORWARDED TO THE CHIEF MEDIA", WITH THE STATE DEPARTMENT OF HEALTH WARTACHD, 21201 PRIOR TO BURIAL, CREM	CERTIFICATION	190 DATE OF	OPERATION	TIRE COND	ITION FOR	WHICH OPERA	TION W	AC DEDECO	MED 2				100.4	UTOPSY?	
Z.	SHOULD ORD "PE CHIEF A E USED A	21 2	THE DATE OF	O. E.KATION	176 COND	THOIN TOK	WINCHOLER	CHOIN W	AS I ERI OR.	MLD:						
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	SH S SA	0	22a. I certi	y that I took charge	e of the remains de			Autaps	у Ц.	Inspection	X. In	quiry [],	and in my	y apinion		
	EXAMINER: CERTIFICATE JLD BE FOR WITH THE R	1	death result	d fram Nature	al causes \square ,	Accident	LX, Suice	ide 🔲.	Homic	ide 🔲 ,	Undetermin	ed monner				
	SAW BEER		ACTUAL	MA	0 . 10.	D.	1/20		TITLE (S	PEC IFY)			DA	YE		
	ATH ATH	40	SIGNATURE	Pucc	have	MIK	The	M.	D. Assi	stant	MEDICAL	EXAMINER	SIC	SNE 5-10)-=86	<u> </u>
	TO MEDICAL E EXECUTE THE O PAGE 4 SHOUI TO FUNERAL D AFTER DEATH A BATTIMORE, M	2	EXAMINER'S	NAME MONO	garitaA.	Vorol	1 M D			111 т	Penn S	treet				
	X A G C A G	22-6	(TYPE OR PRI	TION.REMOVAL 23			NAME OF CEM		DDRESS_		123d LOCAT					
000	1000		SPECIFY) BURIAL	IION, REMOVAL 73	5-25-86	736.					CITY OR TO	WN		COUNTY	STA	
477	BP	74 F	UNERAL DIREC	TOR			OAKWOOI			75e DATE RE	C'D BY REG	I POINT	DECICTRAD	'S SIGNATI	N.C	
1	DHMH - 17 (VR A15 ME (5))	1	MY.C.MAI	RCH FUNER	AL HOME	INC.	1101 E.	NOR	IH AV	E. MAY	27 4	200	mu niture	down R	inde	
7.57	20M 4/82								2.4	171/1/1	00 6	900				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG NO . DECEASED NAME TO DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-D. DEATH MATED STERLING SEYMOUR IF UNDER 1 YR. 4 RACE DATE OF BRITH & AGE (IN YEARS JE UNDER 24 HRS DATE 2d. HOUR HEAR LAST BIRTHDAY PRONOUNCED DEAD 18 5-19-86 19 61: 40Am 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE INTAME OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY CecilCounty WIDOWED [DIVORCED . U.S.A. IS CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFF) COUNTY I-95.400mi, marker Cecil County DUCCUNTY 600 WOODROW AVE. 13d INSIDE CITY LIMITS? HIGH POINT A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MEDILI MIDDLE RAYFORD DELORES TATE SEYMOUR 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) UNKNOWN LUCY SEYMOUR 1100 E. WASHINGTON DR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Craniocerebral trauma IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which BURIAL - TRA AND MENTAL AATION, OR RE gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CHETHE CESTIFICATE, WRITING THE WORD "PENDING SHOULD BE FORWARDED TO THE CHIEF MEDIC THE REDICATION OF HEALTH. FER EATH WILL STATE DEP REMENT OF HEALTH. IN THE STATE DEP REMENT OF HEALTH. IN THE STATE DEP REMENT OF HEALTH. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOUT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY 6, UNDERLYING passenger in an auto which struck the rear CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY LATHOME 21d INJURY OCCURRED ofocationsabled bus TREET, FACTORY, FARM, ETC 1 CITY OF TOWN WHILE AT WORK hawy. N/bd 400mi marker Cecil Co. Md 220. I certify that I took charge of the remains described above, held on Inspection X Autopsy and in my opinion X Suicide death resulted from: Natural causes Accident Homicide L Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED-19-86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) ×40 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAL 5-25-86 N.C. OAKWOOD MEMORTAL HIGH POINT 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 murdon-hardelle WM.C.MARCH FUNERAL HOME INC. 1101 E. NORTH AVE (VR A15 ME (5))

WAR SEYAM

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nn	-0585	7		STATE REGISTRAR		DEFARIN	CERTIF	ICATE OF DEATH	8 O REG. NO.	1446/
0 0	oy be		(TYPE OI	ASED NAME FIRST LENA	I4 RACE	niddle	ST DATE OF	-Anley	20 DATE OF DEATH MONTH May 6 AGE (IN YEARS LAST BIRTHDAY)	Q 1986 501 p.m.
	ge 4 mi		S. SEX	emale		ite	Nov		88 YR	MONTHS DAYS HOURS MIN.
	nerol dir	5		HPLACE (STATE OR FOREIGN UNITE'S COunty,	Md.	U.S.A.	8. MARRIEI WIDOWE	NEVER MARRIED DE DE L'ANDRE DE L'	9 BALTIMORE CITY OR COUN	NTY OF DEATH MD.
101	by the fu	1	O CITY	OR TOWN OF DEATH	11. NAME OF	FHOSPITAL, NURSIN UCH FACILITY GIVE STREET ON HOSPI	G HOME C	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY at home
AND 2120	filled in could be in	5	USUAL I3a ST.	RESIDENCE (IF NURSING HOME OF ATE Md. 136. COL	PROTHER INSTITUTION OF CIL	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	STREET ADDRESS / ZIP CO	orth Manor
MARYL	ompletely and 2 st	1	FATI	HER'S NAME Crifton	WIDDLE	Mill	er	15. MOTHER'S MAIDEN NA	MIDDLE	₿°rown
BALTIMORE, MARYLAND	COURS I	1		S DECEASED EVER IN U.S. A	RMED FORCES?			orrest S.	ADDRES [12] Stanley 323	nor Elkton, Md. Hollingsworth
ST., BALI	(8)			PART I. DEATH WAS CAUS	only one couse p SED BY: ATE CAUSE (o)_	er line for (a), (b), and		reit		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON	hat the deat by the atten ose remove coose I, cremation, other traum.		- 1	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO,	OR AS A CONSEQUE	NCE OF NCE OF PCEN	eardial luf ohic heart	desiase	Slarp
DS, 20	signed hen ple to burio			Cerebral Vasc		CONTRIBUTING TO D			INAL DISEASE OR CONDITION	GIVEN IN PART 110
DIVISION OF VITAL RECORDS,	he law re on. has been t permit. T iene prior	2	CERTIFICATION	0. DATE OF OPERATION		DITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
OF VITA	g physici g physici entificate rial-trons tem 18 sh	9		ID. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21 c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I ORPART 2)
IVISION	affection at the control of the cont		M.	INJURY OCCURRED WHILE NOT WHILE TWORK		E OF INJURY STREET, FACTORY, OFFICE, F	ARM ETC	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	spitol or CTOR: Al for use of Healt		2	20.1 certify that (I) (this has sow the deceased alive a obave, (I) (we) (did) (did)	in	198	6 . or	d that in (my) (our) opinion	deoth accurred on the date and	hour and from the causes stated
	Al OR A the hose Al DIRECTORY THE DEPT.		2	ELEGAN E. J			mi	ATTENDING PHYSICIAN S	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED SCE 186

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Edgar E. FOUR IT m.D.

23b. DATE 5-9-86

Union Hospital, Elkhon, Med

21921

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Bunial

23c NAME OF CEMETERY OR CREMATORY Hopewell Cemetery

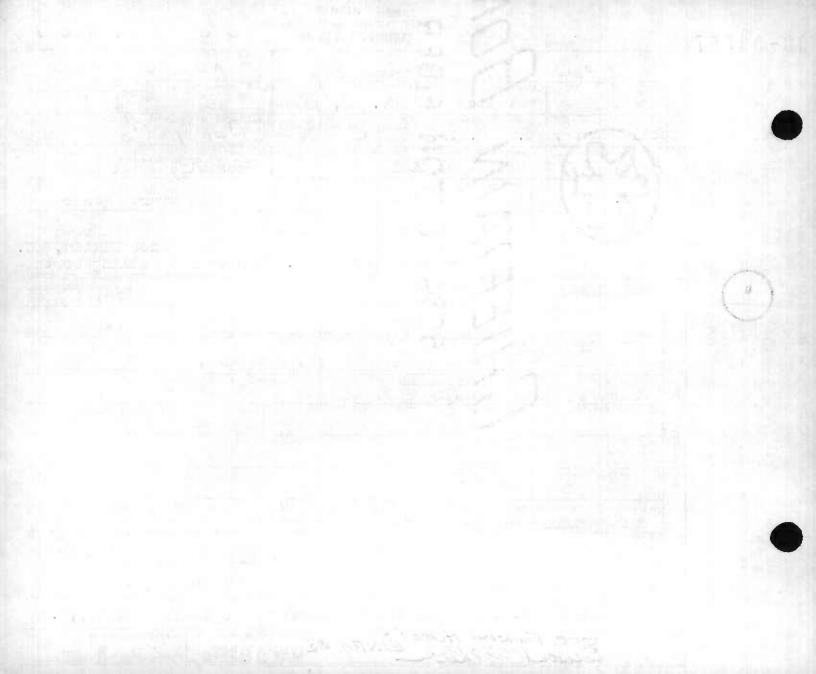
23d. LOCATION H'bp'ewell Cecil, Md STATE

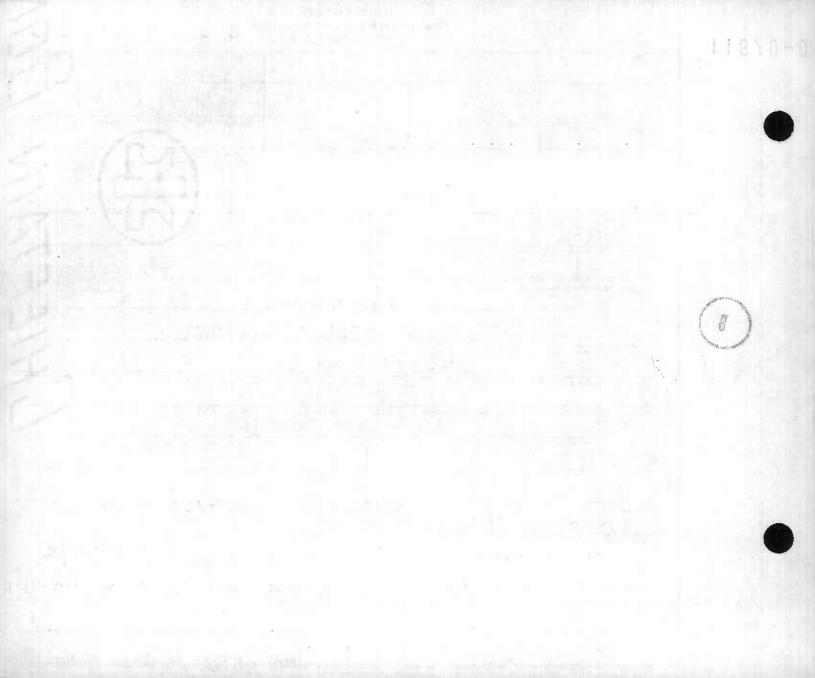
DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: should be detoched for use with the State Dept. of Hec IMPORTANT: If He

> Home PAINTON, Md 24 FUNERAL DIRECTOR GEE 1250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE





PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) STATE 19 RS ... and that in (my) (aur) apinian death accurred on the date and havi and from the causes stated 22c. DATE SIGNED 230 BURIAL, CREMATION, REMOVAL 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) North East Methodist Worth East, May 6, 1986 BURTAL Md. Cecil 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hick's Home for Funerals, DDRESS Elkton, Md. (VRA 15, 4)

STATE OF MARYLAND

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

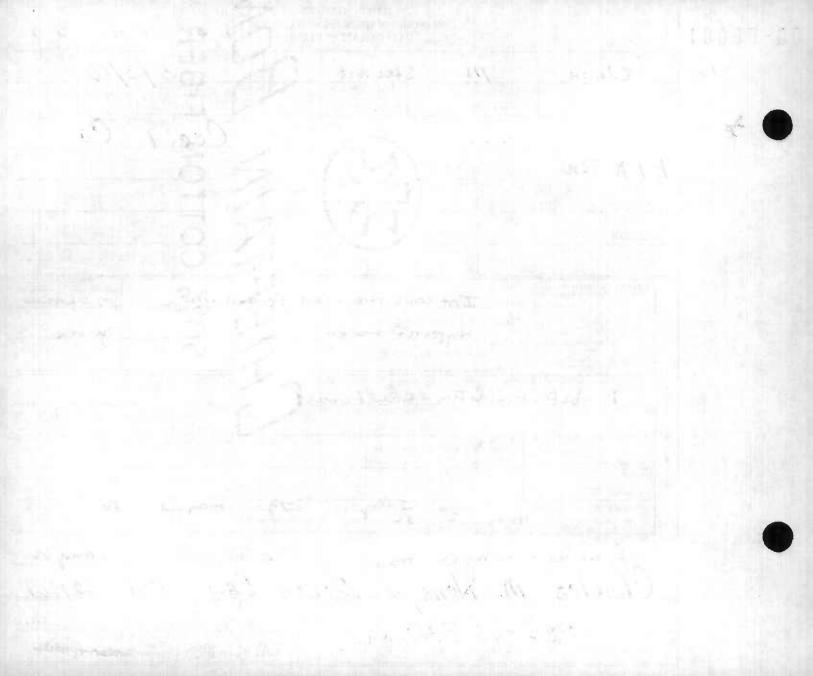
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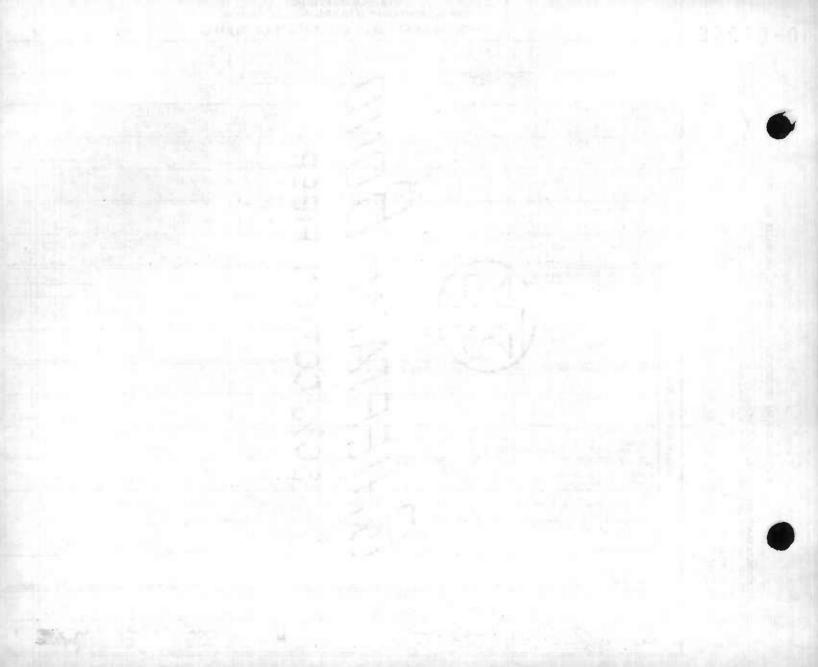
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DHMH - 16 60M 7/B4



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS 00-06356 REGISTRAR 1. DECEASED NAME 26. HOUR 20 DATE KNOWN TO MONTH TTYPE OR PRINT! OF ESTI-ARY, PLEASE DIRECTOR. OUR FILES. IV2 HOURS N STREET, DEATH MATED 5-6-86 MARY ANN STICKLEY 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED DEAD 5-6-86 6:05Pm 3 2 RS 195 19 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XNEVER MARRIED FOREIGN COUNTRY! WIDOWED DIVORCED Cecil County WestVirginia USA IB CITY OR TOWN OF DEATH 120 USUAL OCCUPATION ITYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY GIVE PAGES 1, 2, AND 3 TO THE WITH FORM RM 3. RETAIN PAGE I. PAGES I AND 2 SHOULD BEFLI DIVISION OF WHAL RECORDS, 20 417 Bayview Avenue Charlestown Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY 13c. CITY OR TOWN 13d: INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Ceci Charlestown NO [Bavview Ave 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Robert Eugene Fox Betty 68. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMANT Charlestowm, Nd DIVISION (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES Reverly Lee Stickley, 417 Bayview Ave. 229-80-5456 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). "HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shot oun wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION NEK; ITING ICATE, WRITING THE WURE FORWARDED TO THE CHIEF IN TOR: PAGE 3 SHOULD BE USED I THE STATE DEPARTMENT OF HE 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES NO 50 21a EXTERNAL CAUSE WAS 21b. TIME OF INTURY 21c HOW INJURY OCCURRED TENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING 3:40PM 5-6-86 19 CONTRIBUTING TICAUSE OF DEATH self/imnflicted 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFER BEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK home BAYVIEW AVE. CHARLESTOWN, MARYLAND Inspection X 22a I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my opinion X death resulted from Natural causes Homicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Dennis Smyth M.D. 23a BURIAL CREMATION REMOVAL THE DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Asbury Cemetery PortDeposit 07/84 25M FUMERAL DIREC 250. DATE REC'D. BY REGISTRAR **DHMH - 17** Son. Perryville, Md. (VR A15 ME (5))



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DHMH - 16 60M 7/84 (VRA 15, 4)

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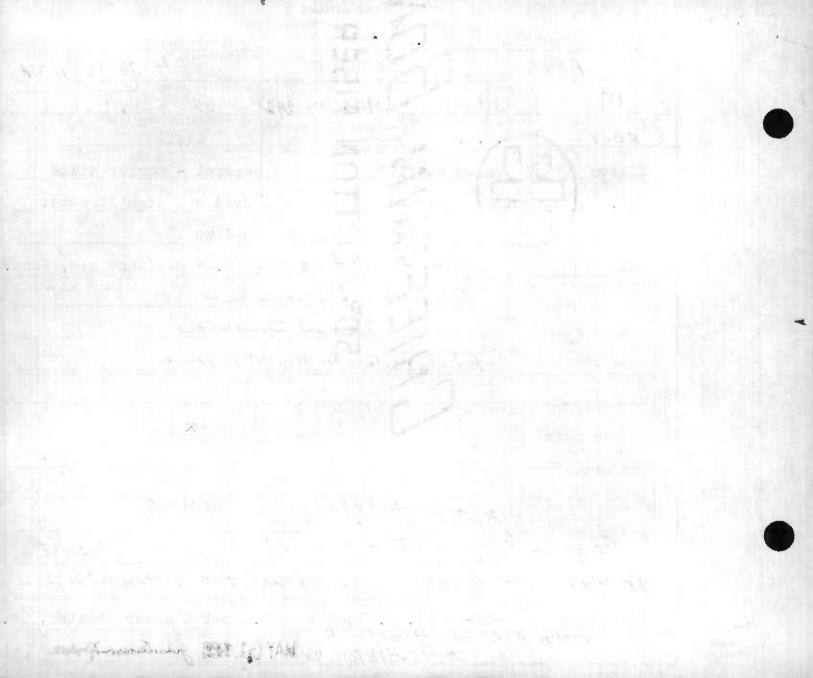
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	ay be oge 3 death		CEASED NAME AME	45	MIDDLE	TRII	MBLE	% DATE OF DEATH	4 26	20 HOOK
4	ge 4 may ector, po irs after a	3. SE.	m	4 RACE	te	5. DATE C	FBIRTH DAY YEAR 1999	6 AGE (IN YEARS LAST BII	RTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS WHS DAYS HOURS MIN
	deoth Po	76 BI	RIHPLACE ISTATE OR FOREIGN OUNTRY)	76. CITIZEN OF	. A.	WIDOWE		9 BALTIMORE CITY C	7	F DEATH MD.
201	by the fulled with		TY OR TOWN OF DEATH Elkton	Un.	ion Ho	spital	r other institution	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST General	OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY BY Mills
AND 2120	filled in hould be	130.5	AL RESIDENCE (IF NURSING HOME STATE 136. CO		13c CITY OR		13d INSIDE CITY LIMITS? YES XX NO	Bridge 8	ZIP CODE K High	Streets,
. MARYI	completel l ond 2 s		William	WIDDLE	Trim			eth Jane	500	LAST
TIMORE	on and or. Pages			ARMED FORCES? GIVE WAR OR DATES)		5ECURITY NO. 07-2637	Mildred Lor			nville, Tenn
ST., BAL	g physici conpapel remaval.		18 CAUSE OF DEATH lEnter PART I. DEATH WAS CAU IMMEDI	anly ane cause pe SED BY: ATE CAUSE (a)			pneumo	nilei-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON	or the death or yy the attendin se remove cork cremation, ar		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	(b)_	OR AS A CONS	/	Renal of	alure at Dies		
NDS, 201	equires the signed by the plea to burial, in pluy, or	Z O	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING				IDITION GIVEN	I IN PART 1/a
AL RECORDS	on. hos beer t permit. tene prior ows ony	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WI	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS USED NG CAUSES OF DEATH?
>	SICIAN: 1 ng physics certificate vial-trans ental Hyg Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF F	DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJA	URY IN ITEM 18 PART	I OR PART 2)
DIVISION OF	offer this of the bull of the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY PREET FACTORY OF	FICE, FARM ETC)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY STATE
	ATTENDII sspital or CTOR: A d for use i i of Heoli		220.1 certify that (1) (this has saw the deceased alive abave, (1) (we) (did) (did	n 4/26	186-	19, an	d that in (my) (our) opinion	death accurred an the	ate and have o	
	by the ho by the ho ERAL DIRE e detoched Stote Depti		226 SIGNATURE	tikal.	· sc. la	les . W	PHYSICIAN	MEDICAL STA		27. DATE SIGNED 4/28/88 -
	TO HOSPITAL retained by 11 TO FUNERAL should be det with the Stote		JAYANTIC		PATE		123 Singe	oly Ave,	Elleton	m)21921_
	BP	23a E	SPECIFY EMATION, REMOVA		0-86		METERY OR CREMATORY Ferris Cre	m. West Ch	nester	"Chester" Pa
	DHMH - 16 60M 7/84	24 FU	JNERAL DIRECTOR	FULL	RAY	Home,	P. A . 250 DA	TE REC'D. BY REGISTRAL	754 REGISTRA	R'S SIGNATURE



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HY

;	IENE &		6 REG. NO			4	కృ	1	3
	20. DATE	of DE		186	DAY		YEAR	12:0)8pm
-	6 AGE (I	N YEARS	LAST BIRT		_	JNDER ITHS	DAYS	IF UNDER	24 HRS MIN.
	9 BALTIN	AORE		COUN	ec		TH		MD.
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	13e.STREE	T ADI	RESS /	zip co ns C		216	a. An	210 t. 3F	- '
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			ITY OR TOV	VN		cou			TATE
-	, to death accu			te and h				couses st	
	MEDIC	\.	CTAE			220	DATE	SIGNED	

- STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME LTYPE OR PRINTS STRATTON L. VAN BUREN 4. RACE S DATE OF BIRTH 3. SEX MONTH YEAR 1948 Male Black March TO BIRTHPLACE ISTATE OF FOREIGN Th. CITIZEN OF WHAT COUNTRY MARRIED WEVER MARRIED WIDOWED DIVORCED Pennsvlvania 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION vor in such facility, give street abbress)
VA Medical Center Perry Point, Md USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Harford YES X NOM Maryland Aberdeen 15. MOTHER'S MAIDEN NA FATHER'S NAME LAST Stratton VanBuren Sr. Mabel 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 183-40-1596 Burnett Fune 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: Cardiopulmonary arrest IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Probable pneumonia Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Acquired Immune Deficiency PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM CERTIFICATION HTLV 3 Encephalopathy 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCUR HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that X (this hospital) XXXXed the deceased from February and that in (my) (our) opinion 17h. SIGNATURE DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIANX 728 PHYSICIAN'S NAME LIVE OF REAL VA Medical Center, Perry Point, Md.

JOHN LONERGAN, M.D. 230 BURIAL, CREMATION, REMOVAL 23b DATE

(SPECIFY)

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

CITY OF TOWN

COUNTY

STATE

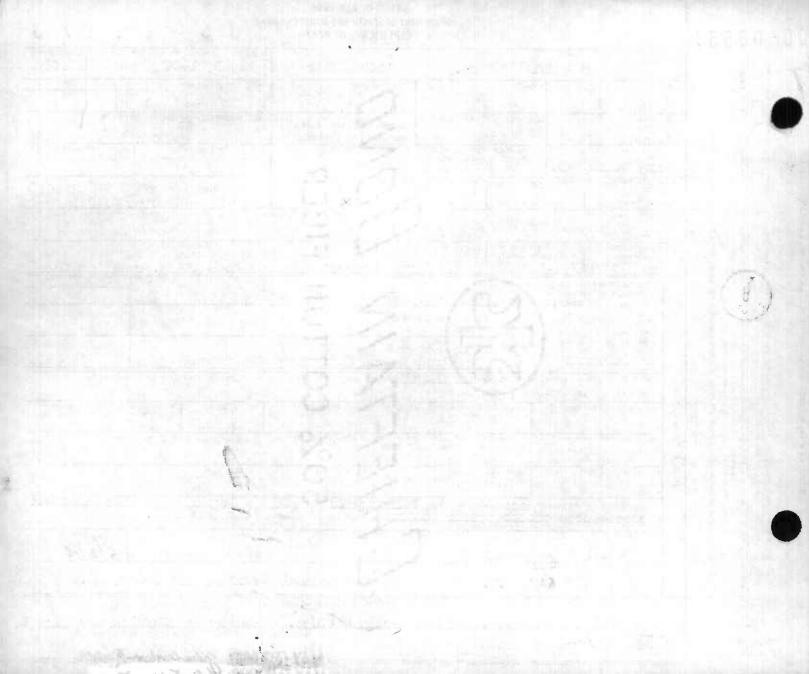
Burial Calverton Nat. Cem Suffolk New York Calverton Patrerson Son, Perryville, MD 250 DATE REC D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 21903

DHMH - 16 60M 7/B4 (VRA 15, 4)

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-06010	1	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE							
-06010	4	REGISTRAR	0				ICATE OF DEATH	REG. NO		
o & # 1/1		CEASED NAME	FIRST		M.		AST HITTUM	May 5.19		6 A
oy be	3. SE.	X	WARD 4 RACE		NI.	S. DATE C		6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEA	DER 1 YEAR IF UNDER 24 HRS
7 95		Male		White		Mar	6,1913 ^{EAR}	73	YRS. DAY	S HOURS MIN.
		BIRTHPLACE (STATE OR FOREIG		76. CITIZEN OF WHAT COUNTE		* MARRIED NEVER MARRIED WIDOWED DIVORCED		9. BALTIMORE CITY OR COUNTY OF DEATH Cecil MD.		
X		ITY OR TOWN OF DE	ATH	11. NAME OF HOSPITAL, NURSING		G HOME (DR OTHER INSTITUTION	126. USUAL OCCUPATION THE OF WORKING LIFE INDUSTRY PUrchasin		
(4)	13a S	RESIDENCE (IF NURSING HOME OR ATE 13b COUN ryland Cec		ITY 13c. CITY OR TOWN		N 1134 INSIDE CITY LIMITS?		13e STREET ADDRESS / ZIP CODE 5 WOODS Rd.		21921
and continue of a continue of	DE P	FATHER'S NAME William		H. Whitt				B.		axim
Pogen /	160	WAS DECEASED EVEN YES, NO OR UNKNOWN)	(IF YES GIV	MED FORCES?	006 26		Edith T.	Whittum 5		Md. d., Elkt
been upped by the prior that the prior to burst, crema ony miury, or other to	CERTIFICATION	gove rise to immediate cause ion, stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF								
JAN: The trifficate has rificate has ol Hygiene ol Hygiene na 18 shows		21a. ACCIDENT WAS UI	CAUSE OF DE	HOUR A.	M. MONTH D		21c. HOW INJURY OCCUR	YES NO K	YES 🗌	NO 🗌
IG PHYSIC attending ter this cer to and Ment rked or Iter	MEDICAL	21d INJURY OCCUI	RRED	21e PLACE	.M. OF INJURY REET, FACTORY, OFFICE	FARM ETC)	21f LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
TAL OK ATTENDIN by the hospitol or grand long defocing at detoched for use on three pits. Of Health II. If them 21 is more		272 1 certify that (1) (this hospital) attended the deceased from 4-3 1986, to 4-1981, that (1) (we) last sow the deceased alive on 4-9 1986, and that in (my) (per apinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 272b. SIGNATURE DEGRE ATTENDING ATTENDING DIRECTOR PHYSICIAN STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR								
TO HOSPI returned b 10 FUNE should be with the 5	22.5	Yogish BURIAL, CREMATION	A. 1	Patel 1		NAME OF	22e ADDRESS 1700 Shall	Lcross Ave	., Wilmin	gton, De
BP		Cremation Uneral Director		May 6	,1986	Silv	erbrook		ton, N.C.	, Del.
DHMH - 16 60M 7/84		XI TO THE	-	Tun	ADDRESS	2000	(D) ()	0 -000	0	

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